

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060717

FILED  
Jan 29, 2009  
Secretary of State

Entity Name: EVO PERFORMANCE/PHYSIOTHERAPY, LLC

**Current Principal Place of Business:**

4210 W. GRAY STREET, UNIT 1  
TAMPA, FL 33609

**New Principal Place of Business:**

4210 W. GRAY STREET  
UNIT 1  
TAMPA, FL 33609

**Current Mailing Address:**

4210 W. GRAY STREET, UNIT 1  
TAMPA, FL 33609

**New Mailing Address:**

4210 W. GRAY STREET  
UNIT 1  
TAMPA, FL 33609

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

ELLIS, JONATHAN J  
101 E. KENNEDY BLVD. STE 2800  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MR ( ) Change (X) Addition  
Name: VALENCIA, ERWIN B MGR  
Address: 4210 W GRAY ST, UNIT 1  
City-St-Zip: TAMPA, FL 33609 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ERWIN B VALENCIA

MGR

01/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date