

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063182

FILED
Apr 30, 2009
Secretary of State

Entity Name: BACK IN ACTION, SAINT LUCIE PHYSICAL THERAPY LLC

Current Principal Place of Business:

443 SE NOME DR
PORT ST LUCIE, FL 34984 US

New Principal Place of Business:

266 NW PEACOCK BOULEVARD
SUITE 2-204
PORT ST LUCIE, FL 34986 US

Current Mailing Address:

PO BOX 7666
PORT ST LUCIE, FL 34984 US

New Mailing Address:

FEI Number: 26-2893757 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DOCUMENTO, MARK
443 SE NOME DR
PORT ST LUCIE, FL 34984 US

Name and Address of New Registered Agent:

BEURY, KRISTEN
624 SOUTH PALM AVENUE
SARASOTA, FL 34236 US

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: KRISTEN M BEURY

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOCUMENTO, MARK
Address: 443 SE NOME DR.
City-St-Zip: PORT ST LUCIE, FL 34984 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MARK S DOCUMENTO

MGRM

04/30/2009

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