

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000065270

FILED
Apr 14, 2009
Secretary of State

Entity Name: ACHIEVEMENT PHYSICAL THERAPY, LLC

Current Principal Place of Business:

12922 ELLISON WILSON ROAD
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

12922 ELLISON WILSON ROAD
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DERREVERE, HAWKES & BLACK
470 COLUMBIA DRIVE, BUILDING "B"
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

DERREVERE, HAWKES & BLACK
470 COLUMBIA DRIVE, BUILDING
WEST PALM BEACH, FL 33409 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:

04/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIGHT, DAVID
Address: 12922 ELLISON WILSON ROAD
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR () Delete
Name: BARTH, BRIAN
Address: 4276 BALTIC STREET
City-St-Zip: JACKSONVILLE, FL 32210

ADDITIONS/CHANGES:

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

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: DAVID LIGHT

MGR

04/14/2009

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