

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083684

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY SPECIALISTS OF HUNTERS CREEK, LLC

**Current Principal Place of Business:**

3010 HUNTERS CREEK BLVD., STE. 100-A  
ORLANDO, FL 32837

**New Principal Place of Business:**

3010 HUNTERS CREEK BLVD.  
SUITE 100-A  
ORLANDO, FL 32837

**Current Mailing Address:**

3010 HUNTERS CREEK BLVD., STE. 100-A  
ORLANDO, FL 32837

**New Mailing Address:**

3010 HUNTERS CREEK BLVD.  
SUITE 100-A  
ORLANDO, FL 32837

**FEI Number:** 26-4274980

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGRM  
Name: PHYSICAL THERAPY SPEC. OF PINE CASTLE, LLC  
Address: 5671 S. ORANGE  
City-St-Zip: ORLANDO, FL 32809

Title: MGRM  
Name: MACGREGOR, MARK  
Address: 1117 DAPPLED ELM LANE  
City-St-Zip: WINTER SPRINGS, FL 32708

I hereby 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 KRAWCZYK - PHYSICAL THERAPY SPECIALI

MGRM

01/08/2011

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