2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# L08000089413

Entity Name: JASPER PHYSICAL THERAPY AND REHAB CENTER, LLC

Current Principal Place of Business:

1037 STATE ROAD 7, STE 302
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1037 STATE ROAD 7, STE 302
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-3441879 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHAIRES,BROODERSON & GUERRERO, P.L.
283 CRANES ROOST BLVD. STE 165
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

BETH WILLIAMS D.C.
1037 STATE RD 7
SUITE 302
WELLINGTON, FL 33414 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: BETH WILLIAMS D.C. 04/13/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: WILLIAMS, BETH D.C.
Address: 1037 STATE ROAD 7, STE 302
City-St-Zip: WELLINGTON, FL 33414

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: BETH WILLIAMS D.C. OWNE 04/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date