

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000089413

**FILED**  
**Mar 27, 2010**  
**Secretary of State**

**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:**

BETH WILLIAMS D.C.  
1037 STATE RD 7  
SUITE 302  
WELLINGTON, FL 33414 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: WILLIAMS, BETH D.C.  
Address: 1037 STATE ROAD 7, STE 302  
City-St-Zip: WELLINGTON, FL 33414

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: BETH WILLIAMS D.C.

MGRM

03/27/2010

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