

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108137

FILED
Apr 30, 2009
Secretary of State

Entity Name: PROTHERAPY MEDICAL CENTERS, LLC

Current Principal Place of Business:

LONGMEADOW DR
3561
SARASOTA, FL 34235

New Principal Place of Business:

Current Mailing Address:

P. O. BOX: 52821
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 30-0516021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMA, MAHMOUD
LONGMEADOW DR
3561
SARASOTA, FL 34235 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: DIR () Delete
Name: TOMA, MAHMOUD
Address: 3561 LONGMEADOW DR
City-St-Zip: SARASOTA, FL 34235

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: DR MAHMOUD TOMA

DIR

04/30/2009

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