2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: COASTAL PHYSICAL THERAPY, LLC

Current Principal Place of Business:

18990 PERSIMMON RIDGE ROAD
ALVA, FL 33920

New Principal Place of Business:

Current Mailing Address:

18990 PERSIMMON RIDGE ROAD
ALVA, FL 33920

New Mailing Address:

PO BOX 62095
FORT MYERS, FL 33906

FEI Number: 80-0313724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MARTIN, JONATHAN A ESQ.
18990 PERSIMMON RIDGE ROAD
ALVA, FL 33920 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: MARTIN, VANESSA R P.T.
Address: PO BOX 62095
City-St-Zip: FORT MYERS, FL 33906

Title: MGRM
Name: MARTIN, JONATHAN A ESQ.
Address: PO BOX 62095
City-St-Zip: FORT MYERS, FL 33906

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 Statues.

SIGNATURE: JONATHAN MARTIN MGRM 04/19/2011

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