

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000111850

FILED
Apr 10, 2012
Secretary of State

Entity Name: COASTAL PHYSICAL THERAPY, LLC

Current Principal Place of Business:

18990 PERSIMMON RIDGE ROAD
ALVA, FL 33920

New Principal Place of Business:

15101 SHELL POINT BOULEVARD
FORT MYERS, FL 33908

Current Mailing Address:

PO BOX 62095
FORT MYERS, FL 33906

New Mailing Address:

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:

MARTIN, JONATHAN A ESQ.
500 AVENUE J
MOORE HAVEN, FL 33471 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: JONATHAN MARTIN

04/10/2012

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 Statutes.

SIGNATURE: JONATHAN MARTIN

MGRM

04/10/2012

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