

L090000047850

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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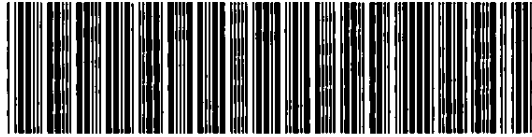
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 27 AM 11:40

T. HAMPTON
MAY 28 2009
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Physical Therapy Group of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anthony Bullen

Name of Person

Physical Therapy Group of Florida, LLC

Firm/Company

900 River Reach Drive, Apt #110

Address

Fort Lauderdale, FL 33315

City/State and Zip Code

ajbullen@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anthony Bullen

Name of Person

at (954) 701-0528

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☒ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Physical Therapy Group of Florida, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/18/09 and assigned Florida document number L09000047850.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Anthony Bullen	900 RIVER REACH DRIVE FORT LAUDERDALE, FL 33315	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Richard Serianni	460 WESTREE LANE PLANTATION, FL 33324	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	PHYSICAL THERAPY AND REHABILITATION ASSOCIATES, INC	141 SW 94 th TERRACE PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SERIANNI PHYSICAL THERAPY, INC	460 WESTREE LANE PLANTATION, FL 33324	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 MAY 27 AM 11:40

Dated MAY 19, 2009



Signature of a member or authorized representative of a member

RICHARD SERIANNI, DPT

Typed or printed name of signee