

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000047850

**FILED**  
**Feb 20, 2011**  
**Secretary of State**

**Entity Name:** PHYSICAL THERAPY GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

2800 EAST COMMERCIAL BLVD  
207  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

2800 EAST COMMERCIAL BLVD  
207  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 27-0281054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BULLEN, ANTHONY  
900 RIVER REACH DRIVE  
110  
FORT LAUDERDALE, FL 33315 US

**Name and Address of New Registered Agent:**

BULLEN, ANTHONY  
2800 EAST COMMERCIAL BLVD  
207  
FORT LAUDERDALE, FL 33308 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/20/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PHYSICAL THERAPY & REHABILITATION ASSOC  
Address: 141 SW 94TH TERRACE  
City-St-Zip: PLANTATION, FL 33324

Title: MGR  
Name: SERIANNI PHYSICAL THERAPY, INC  
Address: 6450 NW 56TH STREET  
City-St-Zip: CORAL SPRINGS, FL 33067

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: RICHARD D. SERIANNI

DR.

02/20/2011

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