

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047850

**FILED**  
**Feb 04, 2012**  
**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  
2800 EAST COMMERCIAL BLVD  
207  
FORT LAUDERDALE, FL 33308 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:** 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 SERIANNI, DPT

MGR

02/04/2012

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