

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: GOLD COAST PHYSICAL THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

6169 JOG ROAD STE A-11
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

6169 JOG ROAD STE A-11
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 65-0859062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, MICHAEL S ESQ
3801 PGA BLVD STED 604
PALM BEACH GARDENS, FL 33410 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: GRAVES, MICHAEL L
Address: 6169 JOG ROAD STE A-11
City-St-Zip: LAKE WORTH, FL 33467

Title: MGRM
Name: WHITE, BRUCE D
Address: 6169 JOG ROAD STE A-11
City-St-Zip: LAKE WORTH, FL 33467

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: MIKE GRAVES

MGR

04/07/2011

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