

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000014611

**FILED**  
**Feb 15, 2011**  
**Secretary of State**

**Entity Name:** BIRD ROAD PHYSICAL THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

7480 SW 40TH ST.  
SUITE # 460  
MIAMI, FL 33155

**New Principal Place of Business:**

7480 SW 40TH ST  
460  
MIAMI, FL 33155 US

**Current Mailing Address:**

7480 SW 40TH ST.  
SUITE # 460  
MIAMI, FL 33155

**New Mailing Address:**

7480 SW 40TH ST  
460  
MIAMI, FL 33155 US

FEI Number: 27-1855809

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COFINO, ANDRES  
7480 SW 40TH ST.  
SUITE # 460  
MIAMI, FL 33155 US

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

COFINO, ANDRES  
7480 SW 40TH ST.  
460  
MIAMI, FL 33155 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: ANDRES COFINO

02/15/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRG  
Name: COFINO, ANDRES  
Address: 7480 SW 40TH ST SUITE 460  
City-St-Zip: MIAMI, FL 33155 US

Title: MGR  
Name: GARCIA, JULIO  
Address: 7480 SW 40TH ST SUITE 460  
City-St-Zip: MIAMI, FL 33155 US

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: JULIO GARCIA

MGR

02/15/2011

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