

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000025810

**FILED**  
**Jan 21, 2011**  
**Secretary of State**

**Entity Name:** SARLI PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

3200 N HIGHWAY A1A  
1203  
FT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

506 S 7 ST  
FORT PIERCE, FL 34950

**New Mailing Address:**

FEI Number: 27-2194511

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TAX SPECIALIST SERVICES INC  
11941 SW 17 CT  
MIRAMAR, FL 33025 US

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

SARLI, DORA E  
3200 NORTH A1A  
UNIT 1203  
FORT PIERCE, FL 34949 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: DORA ESTELA SARLI

01/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DORA, SARLI  
Address: 3200 N HIGHWAY A1A SUITE 1203  
City-St-Zip: FT PIERCE, FL 34949

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: DORA ESTELA SARLI

MGR

01/21/2011

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