

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000048316

**FILED  
Jan 23, 2011  
Secretary of State**

**Entity Name:** ACTION LIFE PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

19 WINCHMORE LANE  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

19 WINCHMORE LANE  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

FEI Number: 27-2559668

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PILLON, ELMER  
19 WINCHMORE LANE  
BOYNTON BEACH, FL 33426 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: PILLON, ELMER  
Address: 19 WINCHMORE LANE  
City-St-Zip: BOYNTON BEACH, FL 33426

Title: MGRM  
Name: PILLON, SONIA  
Address: 19 WINCHMORE LANE  
City-St-Zip: BOYNTON BEACH, FL 33426

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: ELMER PILLON

MGR

01/23/2011

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