

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050954

FILED
Apr 25, 2012
Secretary of State

Entity Name: PRIMETIME PHYSICAL THERAPY, LLC

Current Principal Place of Business:

1003 WEST COLLEGE AVE
STE. 1, MEDICAL BLDG. 3
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

1003 WEST COLLEGE AVE
STE. 1, MEDICAL BLDG. 3
NICEVILLE, FL 32578

New Mailing Address:

FEI Number: 27-2118643

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, CORY M
1003 WEST COLLEGE AVE
STE. 1, MEDICAL BLDG. 3
NICEVILLE, FL 32578 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: MGRM
Name: SCOTT, SHYLA D
Address: 1003 W COLLEGE AVE, STE. 1, MEDICAL BLDG 3
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM
Name: SCOTT, CORY M
Address: 1003 W COLLEGE AVE, STE. 1, MEDICAL BLDG 3
City-St-Zip: NICEVILLE, FL 32578

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: CORY M. SCOTT

MGRM

04/25/2012

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