

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106769

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SIESTA KEY PHYSICAL THERAPY, LLC

**Current Principal Place of Business:**

5145 OCEAN BLVD  
SIESTA KEY, FL 34242 US

**New Principal Place of Business:**

5147 OCEAN BLVD  
SIESTA KEY, FL 34242 US

**Current Mailing Address:**

P.O. BOX 5688  
SARASOTA, FL 34277

**New Mailing Address:**

**FEI Number:** 90-0620774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OCHSENDORF, DAVID T  
5145 OCEAN BLVD  
SIESTA KEY, FL 34242 US

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

OCHSENDORF, DAVID T  
5147 OCEAN BLVD  
SIESTA KEY, FL 34242 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:** DAVE OCHSENDORF

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** OCHSENDORF, DAVID T  
**Address:** 5147 OCEAN BLVD  
**City-St-Zip:** SIESTA KEY, FL 344242 US

**Title:** MGRM  
**Name:** OCHSENDORF, KRISTY R  
**Address:** 5147 OCEAN BLVD  
**City-St-Zip:** SIESTA KEY, FL 34242 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:** DAVE OCHSENDORF

MGRM

04/29/2011

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