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(City/State/Zip/Phone #)

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JANUARY 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENERAL PHYSICAL THERAPY SERVICES
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIA DELGADO

Name of Person

GENERAL PHYSICAL THERAPY SERVICES

Firm/Company

5738 OLD CHENEY HWY

Address

ORLANDO, FL 32807

City/State and Zip Code

walken9565@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA DELGADO

Name of Person

at (407)

340-0229

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

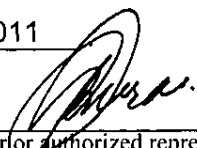
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUAN M DELGADO	2691 MUSCATALLO ST ORLANDO FL 32837 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARIA DELGADO	2691 MUSCATALLO ST ORLANDO FL 32837 US	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated FEBRUARY 23, 2011


 Signature of a member or authorized representative of a member
Cira Piedra
 Typed or printed name of signee