

**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

97 MAY 20 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FILING FEE**  
**\$ 203.75** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee  
**Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # L95000000003**  
**COMPREHENSIVE PHYSICAL THERAPY - FERNANDIN A, L.C.**  
**10728 ATLANTIC BOULEVARD**  
**JACKSONVILLE FL 32225**

1a. Principal Place of Business Address

**10728 ATLANTIC BOULEVARD**  
**JACKSONVILLE FL 32225**

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01/04/1995	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		Country		59-3338060	
				5. Date of Last Report	6. Certificate of Status Desired
				05/01/1996	See 7- Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

**SALE, BARNES E III, PT**  
**10728 ATLANTIC BOULEVARD**  
**JACKSONVILLE FL 32225**

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

**FL**

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	JACKSONVILLE GROUP, IN	PHYSICAL THERAPY, 10728 AT	JACKSONVILLE FL
MGRM	MARINO, JAMES	108 WEST 1ST AVENUE, SUITE	CALLAHAN FL

000002188980--3  
-05/22/97--01136--002  
\*\*\*\*941.25 \*\*\*\*203.75

*A. Alan*  
5/20/97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Barnes E Sale III* **Barnes E Sale III** 4/14/97 904646-3647  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #