

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

APPROVED
AND
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97 MAY 20 PM 3:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

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 # L95000000703
COMPREHENSIVE PHYSICAL THERAPY - EDGEWOOD,
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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Organized or Qualified

3a. State of Formation

09/14/1995

FL

4. FEI Number

☐ Applied For

☐ Not Applicable

APPLIED FOR

5. Date of Last Report

6. Certificate of Status Desired

05/01/1996

See Additional Fee Required ☐

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

SALE, BARNES E III
10728 ATLANTIC BOULEVARD
JACKSONVILLE FL 32225

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

| | | | |
|------|-----------------------|--------------------------|-----------------|
| MEM | COMPREHENSIVE PHYSIC, | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MEM | LEE, BYRON C | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MGRM | SALE, BARNES E III | 10728 ATLANTIC BOULEVARD | JACKSONVILLE FL |
| MGRM | LEE, BYRON C | 950 EDGEWOOD AVENUE | JACKSONVILLE FL |

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****941.25 ****203.75

A. Sale
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) (i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #