
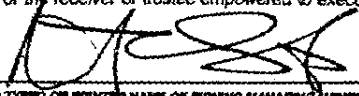


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 14, 2006 08:0**  
**Secretary of St**

<b>DOCUMENT # L99000001327</b>		
1. Entity Name <b>PHYSICAL THERAPY CENTERS FLORIDA GROUP, L.C.</b>		
Principal Place of Business <b>1190 S.E. 17TH STREET OCALA, FL 34471</b>		Mailing Address <b>1190 S.E. 17TH STREET OCALA, FL 34471</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
5. Name and Address of Current Registered Agent  <b>SHUTES, RICHARD W 1190 S.E. 17TH STREET OCALA, FL 34471</b>		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		
U00000508915 04/28/06-80024-015 50.		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHUTES, RICHARD W 1190 S.E. 17TH STREET OCALA, FL 34471</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify indicated on this 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, limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.		
<b>SIGNATURE:</b> 		<b>4-10-06 352</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>