

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000277

**FILED**  
**Apr 23, 2008**  
**Secretary of State**

**Entity Name:** PHYSIOTHERAPY ASSOCIATES HOME REHABILITATION, LLC

**Current Principal Place of Business:**

3250 PLAYERS CLUB PARKWAY  
MEMPHIS, TN 38125

**New Principal Place of Business:**

855 SPRINGDALE DRIVE, SUITE 200  
EXTON, PA 19341

**Current Mailing Address:**

3250 PLAYERS CLUB PARKWAY  
MEMPHIS, TN 38125

**New Mailing Address:**

855 SPRINGDALE DRIVE, SUITE 200  
EXTON, PA 19341

**FEI Number:** 20-8184659

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PHYSIOTHERAPY ASSOCI, ATEs, INC.  
Address: 3250 PLAYERS CLUB PARKWAY  
City-St-Zip: MEMPHIS, TN 38125

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: BOM (X) Change ( ) Addition  
Name: WILLAIM, FLOYD  
Address: 855 SPRINGDALE DRIVE, SUITE 200  
City-St-Zip: EXTON, PA 19341

Title: BOM ( ) Change (X) Addition  
Name: RICHARD, BINSTEIN  
Address: 855 SPRINGDALE DRIVE, SUITE 200  
City-St-Zip: EXTON, PA 19341

Title: BOM ( ) Change (X) Addition  
Name: DENNIS, FITZPATRICK  
Address: 855 SPRINGDALE DRIVE, SUITE 200  
City-St-Zip: EXTON, PA 19341

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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:** RICHARD BINSTEIN

BOM

04/23/2008

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