

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000100416

**FILED**  
**Apr 29, 2007**  
**Secretary of State**

**Entity Name:** ADVANCED PHYSICAL THERAPY SERVICES, LLC

**Current Principal Place of Business:**

15220 SW 9 LANE  
MIAMI, FL 33194

**New Principal Place of Business:**

9945 SW 223 TERRACE  
MIAMI, FL 33190

**Current Mailing Address:**

15220 SW 9 LANE  
MIAMI, FL 33194

**New Mailing Address:**

9945 SW 223 TERRACE  
MIAMI, FL 33190

FEI Number: 20-3637645

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHACON, ROLANDO  
15220 SW 9 LANE  
MIAMI, FL 33194 US

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

BELL, JEANNE  
9945 SW 223 TERRACE  
MIAMI, FL 33190 US

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: JEANNE BELL

04/29/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CHACON, ROLANDO  
Address: 15220 SW 9 LANE  
City-St-Zip: MIAMI, FL 33194

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CHACON, ROLANDO  
Address: 9945 SW 223 TERR  
City-St-Zip: MIAMI, FL 33190

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: ROLANDO CHACON

MGR

04/29/2007

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