

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000007076

**Entity Name:** PETER BABB HOME PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

218 NEWPORT DR  
707  
NAPLES, FL 34114

**FILED**  
**Jan 19, 2014**  
**Secretary of State**  
**CC6700249001**

**Current Mailing Address:**

218 NEWPORT DR  
707  
NAPLES, FL 34114

**FEI Number:** 65-1112588

**Certificate of Status Desired:** No

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

BABB, PETER C  
218 NEWPORT DR. #707  
NAPLES, FL 34114 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title MGR  
Name BABB, PETER COWNER  
Address 218 NEWPORT DR. #707  
City-State-Zip: NAPLES FL 34114

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER BABB

**OWNER**

**01/19/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date