

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000121719

Entity Name: ACTIVE LIFE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

21756 SR 54
SUITE 102
LUTZ, FL 33549

Current Mailing Address:

21756 SR 54
SUITE 102
LUTZ, FL 33549

FEI Number: 27-1542725

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITTIN, MICHAEL D
21756 SR 54
SUITE 102
LUTZ, FL 33549 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 FITTIN, MICHAEL D
Address 21756 SR 54, SUITE 102
City-State-Zip: LUTZ FL 33549

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL FITTIN

MGR

07/31/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date