

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104353

**Entity Name:** PHYSICAL THERAPY PLUS BY THE SEA, LLC

**Current Principal Place of Business:**

4747 NORTH OCEAN BLVD  
261  
FT. LAUDERDALE, FL 33308

**Current Mailing Address:**

4747 NORTH OCEAN BLVD  
261  
FT. LAUDERDALE, FL 33308

**FEI Number:** 27-3605168

**Certificate of Status Desired:** Yes

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

ROSENBERG, ERIC  
3412 ROBBINS ROAD  
POMPANO BEACH, FL 33062 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 MGRM  
Name ROSENBERG, ERIC F  
Address 3412 ROBBINS ROAD  
City-State-Zip: POMPAN BEACH FL 33062

Title MGRM  
Name ERASMUS, CLINTON  
Address 1319 SW 23RD CT  
City-State-Zip: FORT LAUDERDALE FL 33315

*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:** CLINTON ERASMUS

**OWNER/MANAGER**

**01/28/2013**

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

\_\_\_\_\_  
Date