

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107575

**Entity Name:** PATRICK CLOUGH PHYSICAL THERAPY P.L.L.C.

**Current Principal Place of Business:**

424 N. RIVERSIDE DRIVE  
#206  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

424 N. RIVERSIDE DRIVE  
#206  
POMPANO BEACH, FL 33062

**FEI Number:** 80-0653506

**Certificate of Status Desired:** Yes

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

CLOUGH, PATRICK  
424 N. RIVERSIDE DRIVE  
#206  
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 CLOUGH, PATRICK N  
Address 424 N. RIVERSIDE DRIVE, #206  
City-State-Zip: POMPANO BEACH FL 33062

*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:** PATRICK CLOUGH, PT, CHT

PT, CHT

01/24/2013

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

\_\_\_\_\_  
Date