

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000064992

Entity Name: BURKE PHYSICAL THERAPY LLC

Current Principal Place of Business:

2927 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309

Current Mailing Address:

2927 KERRY FOREST PARKWAY
TALLAHASSEE, FL 32309 US

FEI Number: 45-2458033

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BURKE, EVAN M
3401 WESTGROVE COURT
TALLAHASSEE, FL 32312 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 BURKE, EVAN M
Address 3401 WESTGROVE COURT
City-State-Zip: TALLAHASSEE FL 32312

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: EVAN BURKE

DPT, OWNER

01/22/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date