

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000092624

**Entity Name:** PHYSICAL THERAPY AND REHAB OF EAST BOYNTON, LLC

**Current Principal Place of Business:**

638 EAST OCEAN AVE  
BOYNTON BEACH, FL 33435

**Current Mailing Address:**

751 PARK OF COMMERCE DRIVE  
SUITE 112  
BOCA RATON, FL 33487

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ROBERTS, CHRISTINE D.  
751 PARK OF COMMERCE DRE  
SUITE 112  
BOCA RATON, FL 33487 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:** CHRISTINE D. ROBERTS

08/29/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PT/OT FLORIDA, LLC  
Address 751 PARK OF COMMERCE DRIVE  
SUITE 112  
City-State-Zip: BOCA RATON FL 33487

*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:** CHRISTINE D. ROBERTS

CONTROLLER

08/29/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date