

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109705

FILED
Apr 28, 2010
Secretary of State

Entity Name: ONSHORE THERAPY, PLC

Current Principal Place of Business:

179 ORLANDO DRIVE
TAVERNIER, FL 33070

New Principal Place of Business:

Current Mailing Address:

179 ORLANDO DRIVE
TAVERNIER, FL 33070

New Mailing Address:

FEI Number: 90-0398038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROCKETT, LEANN D
179 ORLANDO DRIVE
TAVERNIER, FL 33070 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CROCKETT, LEANN D
Address: 179 ORLANDO DRIVE
City-St-Zip: TAVERNIER, FL 33070

Title: S
Name: CROCKETT, CLAY C
Address: 179 ORLANDO DRIVE
City-St-Zip: TAVERNIER, FL 33070

I hereby certify that the information indicated on this 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.

SIGNATURE: LEANN D. CROCKETT

MGRM

04/28/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date