**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 11, 2014**
**Secretary of State**
**CC9264865636**

DOCUMENT# L06000109705

**Entity Name:** ONSHORE THERAPY, PLC

**Current Principal Place of Business:**

92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

**Current Mailing Address:**

92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070

**FEI Number: 90-0398038**

**Certificate of Status Desired:** No

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

CROCKETT, LEANN D
92410 OVERSEAS HIGHWAY
SUITE 6
TAVERNIER, FL 33070 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 | Title | S |
| Name | CROCKETT, LEANN D | Name | CROCKETT, CLAY C |
| Address | 92410 OVERSEAS HIGHWAY SUITE 6 | Address | 179 ORLANDO DRIVE |
| City-State-Zip: | TAVERNIER FL 33070 | City-State-Zip: | TAVERNIER FL 33070 |

*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: LEANN CROCKETT OWNER,MSPT 02/11/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date