2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: OP THERAPY-FL, LLC

Current Principal Place of Business:

3820 MANSELL ROAD
SUITE 280
ALPHARETTA, GA 30022

Current Mailing Address:

3820 MANSELL ROAD
SUITE 280
ALPHARETTA, GA 30022 US

FEI Number: 26-3527935

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	PRES	Title	MGR
Name	FIRTH, CHRISTINA K	Name	WHITMAN, ARNOLD M
Address	3820 MANSELL ROAD SUITE 280	Address	3820 MANSELL ROAD SUITE 280
City-State-Zip:	ALPHARETTA GA 30022	City-State-Zip:	ALPHARETTA GA 30022

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: CHRISTINA K FIRTH PRESIDENT 04/07/2014

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