

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000073118

Entity Name: PARK PLACE THERAPY LLC

Current Principal Place of Business:

2532 W DIANA ST
TAMPA, FL 33614

Current Mailing Address:

PO BOX 151537
TAMPA, FL 33684 US

FEI Number: 27-0648888

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ, JOSE
2532 W DIANA ST
TAMPA, FL 33614 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 MGR
Name LOPEZ, JOSE
Address 2532 W DIANA ST
City-State-Zip: TAMPA FL 33614

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: JOSE LOPEZ

MANAGER

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date