

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000034328

Entity Name: NEW EASTERN THERAPY LLC

Current Principal Place of Business:

527 N. MILLS AVE
ORLANDO, FL 32803

Current Mailing Address:

527 N. MILLS AVE
ORLANDO, FL 32803

FEI Number: 45-0910939

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHEN, JAYCE
527 N MILLS AVE
ORLANDO, FL 30803 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 CHEN, JAYCE
Address 527 N MILL AVE
City-State-Zip: ORLANDO FL 32803

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: JAYCE CHEN

PRESIDENT

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date