2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2014
Secretary of State
CC8456658393

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Entity Name: JAX THERAPY, LLC

Current Principal Place of Business:

2309 PARK STREET
JACKSONVILLE, FL 32204

Current Mailing Address:

1821 AVONDALE CIRCLE
JACKSONVILLE, FL 32205

FEI Number: 80-0848983

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PRENDERGAST, MARY L
1821 AVONDALE CIRCLE
JACKSONVILLE, FL 32205 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	PRENDERGAST, MARY L
Address	1821 AVONDALE CIRCLE
City-State-Zip:	JACKSONVILLE FL 32205

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: MARY L PRENDERGAST MGR 04/23/2014

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