

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000129894

**Entity Name:** ATLANTIC THERAPY GROUP, LLC

**Current Principal Place of Business:**

6645 VINELAND RD  
SUITES 270 AND 240  
ORLANDO, FL 32819

**Current Mailing Address:**

7201 LAKE DR  
SANFORD, FL 32771 US

**FEI Number:** 27-3718629

**Certificate of Status Desired:** No

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

BREWERLONG PLLC  
620 N WYMORE RD  
SUITE 270  
MAITLAND, FL 32751 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            BUTLER, D. BRENT  
Address        7201 LAKE DR  
City-State-Zip: SANFORD FL 32771

Title            AUTHORIZED REPRESENTATIVE  
Name            BREWER, TREVOR K  
Address        620 N WYMORE RD  
                  SUITE 270  
City-State-Zip: MAITLAND FL 32751

*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: D. BRENT BUTLER**

**MGR**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date