

2016 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

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

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date