**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 18, 2013**
**Secretary of State**
**CC0513297043**

DOCUMENT# L12000136602

**Entity Name:** TRI CENTER THERAPY, LLC

**Current Principal Place of Business:**

2151 WEMBLEY PLACE
OVIEDO, FL 32765

**Current Mailing Address:**

2151 WEMBLEY PLACE
OVIEDO, FL 32765 US

**FEI Number: 46-1271080**

**Certificate of Status Desired:** No

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

FELTHAM, CONNIE F
2151 WEMBLEY PLACE
OVIEDO, FL 32765 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 | MGRM |
| Name | FELTHAM, CONNIE F |
| Address | 2151 WEMBLEY PLACE |
| City-State-Zip: | OVIEDO FL 32765 |

*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: CONNIE F. FELTHAM MGRM 04/18/2013

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