

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000002230

Entity Name: FRES THERAPY SERVICES, LLC

Current Principal Place of Business:

5004 E. FOWLER AVE.
SUITE 361
TAMPA, FL 33617

Current Mailing Address:

5004 E. FOWLER AVE.
SUITE 361
TAMPA, FL 33617

FEI Number: 20-2180202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FRES, JOSE
5004 E. FOWLER AVE.
SUITE 361
TAMPA, FL 33617 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	Title	MGRM
Name	FRES, JOSE	Name	FRES, GEORGIANA
Address	5004 E. FOWLER AVE.	Address	5004 E. FOWLER AVE.
City-State-Zip:	TAMPA FL 33617	City-State-Zip:	TAMPA FL 33617

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: JOSE FRES

MGR

04/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date