

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005901

Entity Name: DRAYER PHYSICAL THERAPY INSTITUTE, LLC

Current Principal Place of Business:

8205 PRESIDENT'S DRIVE, 2ND FLOOR
HUMMELSTOWN, PA 17036

Current Mailing Address:

8205 PRESIDENT'S DRIVE, 2ND FLOOR
HUMMELSTOWN, PA 17036

FEI Number: 75-3050291

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 CIELEWICH, SCOTT
Address 848 FIRST AVENUE NORTH, #120
City-State-Zip: NAPLES FL 34102

Title REGIONAL CONTROLLER
Name WEBER, BRYAN M
Address 8205 PRESIDENT'S DRIVE, 2ND FLOOR
City-State-Zip: HUMMELSTOWN PA 17036

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: BRYAN M WEBER

REGIONAL CONTROLLER 02/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date