

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007984

FILED
Mar 10, 2005
Secretary of State

Entity Name: RENEW THERAPY CENTER OF PORT ST. LUCIE, LLC

Current Principal Place of Business:

1854 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1854 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE, FL 34952

New Mailing Address:

P.O. BOX 33669
INDIALANTIC, FL 32903

FEI Number: 30-0070117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, ALFREDO
2727 N. HWY A1A
#601
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

VASQUEZ, ALFREDO
P.O. BOX 33669
INDIALANTIC, FL 32903 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:

03/10/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: VASQUEZ, ALFREDO
Address: 82 S. SEWALL'S PT RD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VASQUEZ, ALFREDO
Address: P.O. BOX 33669
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: ALFREDO VASQUEZ

MGRM

03/10/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date