

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007984

FILED
Feb 06, 2006
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:

P.O. BOX 33669
INDIALANTIC, FL 32903

New Mailing Address:

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
P.O. BOX 33669
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/06/2006

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