

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007984

FILED
Apr 24, 2007
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:

2727 N. HWY A1A, #601
INDIALANTIC, FL 32903

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:

VASQUEZ, ALFREDO
2727 N. HWY A1A, #601
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:

04/24/2007

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

04/24/2007

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