2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000007984

Name:

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

FILED Sep 26, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2727 N. HWY A1A, #601 1850 S.E. PORT ST. LUCIE BOULEVARD

INDIALANTIC, FL 32903 FORT PIERCE, FL 34952

New Mailing Address: Current Mailing Address:

P.O. BOX 33669 110 29TH AVENUE NORTH SUITE 300 INDIALANTIC, FL 32903

NASHVILLE, TN 37203

FEI Number: 30-0070117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VASQUEZ, ALFREDO ULYSSES ACQUISITIONS, INC 2727 N. HWY A1A, #601 THE OFFICES AT COCONUT POINTE 23160 FASHION DRIVE, SUITE R225-226 INDIALANTIC, FL 32903 US

ESTERO, FL 33928 UŚ

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.

Name:

SIGNATURE: LUIS M. DULUC, PRESIDENT 09/26/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition

VASQUEZ, ALFREDO DULUC, LUIS M MR 23160 FASHION DRIVE, SUITE R225-226 Address: P.O. BOX 33669 Address:

City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: ESTERO, FL 33928

I hereby certify that the information supplied with this filing does not qualify 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: LUIS M. DULUC **MGRM** 09/26/2007