

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 28, 2008 8:00 am**  
**Secretary of State**

01-28-2008 90073 006 \*\*\*143.75

DOCUMENT # L02000007984



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

Principal Place of Business  
1850 S.E. PORT ST. LUCIE BOULEVARD  
FORT PIERCE, FL 34952

Mailing Address  
110 29TH AVENUE NORTH  
SUITE 300  
NASHVILLE, TN 37203

00000001



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01142008 Chg-LLC CR2E083 (12/06)

4. FEI Number

30-0070117

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ULYSSES ACQUISITIONS, INC.  
THE OFFICES AT COCONUT POINTE  
23160 FASHION DRIVE, SUITE R225-226  
ESTERO, FL 33928

Name

ULYSSES ACQUISITIONS, INC.

Street Address (P.O. Box Number is Not Acceptable)

THE OFFICES AT COCONUT POINTE

23150 Fashion Drive, Suite T-240

City ESTERO

FL

Zip Code 33928

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME MGRM  
STREET ADDRESS DULUC, LUIS M MR  
CITY- ST- ZIP 23160 FASHION DRIVE, SUITE R225-226  
ESTERO, FL 33928 ☐ Delete

TITLE  
NAME MGRM  
STREET ADDRESS DULUC, LUIS M MR  
CITY- ST- ZIP 23150 FASHION DR, Suite T-240  
ESTERO, FL 33928 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/18/08

239-948-0041