

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007984

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

1850 S.E. PORT ST. LUCIE BOULEVARD
FORT PIERCE, FL 34952

New Principal Place of Business:

Current Mailing Address:

110 29TH AVENUE NORTH
SUITE 300
NASHVILLE, TN 37203

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:

ULYSSES ACQUISITIONS, INC.
THE OFFICES AT COCONUT POINTE
23150 FASHION DRIVE, SUITE T-240
ESTERO, FL 33928 US

Name and Address of New Registered Agent:

ULYSSES ACQUISITIONS, INC.
12759 SUNLAND COURT
TAMPA, FL 33625 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: MR. LUIS M. DULUC

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DULUC, LUIS M MR.
Address: 23150 FASHION DR, SUITE T-240
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DULUC, LUIS M MR.
Address: 110 29TH AVENUE NORTH, SUITE 300
City-St-Zip: NASHVILLE, TN 37203

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

MR.

03/25/2009

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