## 2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000007984

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

FILED Sep 09, 2009 Secretary of State

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

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

Current Mailing Address: New Mailing Address:

110 29TH AVENUE NORTH
SUITE 300
NASHVILLE, TN 37203

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

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:

DULUC, LUIS M

16250 LA COSTA DRIVE
WESTIN, FL 33326 US

HERNANDEZ RODRIGUEZ, LAZARO I MR
1850 S.E. PORT ST. LUCIE BOULEVARD
PORT ST. LUCIE, FL 34952 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: LAZARO I HERNANDEZ RODRIGUEZ 09/09/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title:MGRM () DeleteTitle:MGRM (X) Change () AdditionName:DULUC, LUIS M MR.Name:HERNANDEZ RODRIGUEZ, LAZARO I MR.Address:16250 LA COSTA DRIVEAddress:1850 S.E. PORT ST. LUCIE BOULEVARD

 City-St-Zip:
 WESTIN, FL 33326
 City-St-Zip:
 PORT ST. LUCIE, FL 34952

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: LAZARO I HERNANDEZ RODRIGUEZ MGRM 09/09/2009