2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2004
Secretary of State

DOCUMENT# L02000008126

Entity Name: RENEW THERAPY CENTER OF VERO BEACH, LLC

Current Principal Place of Business:

82 SOUTH SEWALL'S POINT ROAD
STUART, FL 34996

New Principal Place of Business:

P.O BOX 33669
INDIALANTIC, FL 32903

Current Mailing Address:

82 SOUTH SEWALL'S POINT ROAD
STUART, FL 34996

New Mailing Address:

P.O. BOX 33669
INDIALANTIC, FL 32903

FEI Number: 32-0011576 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASQUEZ, ALFREDO
82 SOUTH SEWALL'S POINT ROAD
STUART, FL 34996

Name and Address of New Registered Agent:

VASQUEZ, ALFREDO
P.O. BOX 33669
INDIALANTIC, FL 32903

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: ALFREDO VASQUEZ 01/22/2004
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: VASQUEZ, ALFREDO
Address: 82 S. SEWALLS PT RD
City-St-Zip: STUART, FL 34996

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: VASQUEZ, ALFREDO
Address: P.O. BOX 33669
City-St-Zip: INDIALANTIC, FL 32903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 01/22/2004
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date