

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012117

FILED
May 07, 2008
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF MELBOURNE, LLC

Current Principal Place of Business:

635 S WICKHAM ROAD
SUITE 103
WEST MELBOURNE, FL 32904 US

New Principal Place of Business:

Current Mailing Address:

635 S WICKHAM ROAD
SUITE 103
WEST MELBOURNE, FL 32904 US

New Mailing Address:

FEI Number: 03-0453497 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRONMAN, BARRY S
1212 SOUTH RIVERSIDE DRIVE
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

KRONMAN, MATHEW S
1212 SOUTH RIVERSIDE DRIVE
INDIALANTIC, FL 32903 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: MATHEW KRONMAN

05/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KRONMAN, MATHEW S
Address: 750 BROOKSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

Title: MGR () Delete
Name: SWANSON, ERIC A
Address: 350 SEA GRAPE STREET
City-St-Zip: INDIALANTIC, FL 32903 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MATHEW KRONMAN

MGR

05/07/2008

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