

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000012117

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA THERAPY CENTER OF MELBOURNE, LLC

**Current Principal Place of Business:**

1698 WEST HIBISCUS BLVD  
SUITE A  
MELBOURNE, FL 32901 US

**New Principal Place of Business:**

**Current Mailing Address:**

1698 WEST HIBISCUS BLVD  
SUITE A  
MELBOURNE, FL 32901 US

**New Mailing Address:**

**FEI Number:** 03-0453497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRONMAN, MATHEW S  
520 ANDROS LANE  
INDIAN HARBOUR BEACH, FL 32937 US

**Name and Address of New Registered Agent:**

KRONMAN, MATHEW  
520 ANDROS LANE  
INDIAN HARBOUR BEACH, FL 32937 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

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KRONMAN, MATHEW S  
Address: 520 ANDROS LANE  
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

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

I hereby 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

04/06/2011

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