

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000012119

FILED  
Jan 25, 2005  
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF ROCKLEDGE, LLC

## Current Principal Place of Business:

635 WICKHAM ROAD,  
#103  
WEST MELBOURNE, FL 32904

## New Principal Place of Business:

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

## Current Mailing Address:

635 S WICKHAM ROAD  
103  
WEST MELBOURNE, FL 32904

## New Mailing Address:

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

FEI Number: 02-0617391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BICKFORD, ROBERT E LL.M.  
2101 SOUTH WAVERLY PLACE  
SUITE 200E  
MELBOURNE, FL 32901 US

## Name and Address of New Registered Agent:

KRONMAN, BARRY 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: BARRY S. KRONMAN

01/25/2005

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: FOLEY, MICHAEL  
Address: 925 HIGHWAY A1A  
City-St-Zip: SATELLITE BEACH, FL 32937 US

Title: MGR (X) Delete  
Name: FOLEY, NOIRIN  
Address: 925 HIGHWAY A1A  
City-St-Zip: SATELLITE BEACH, FL 32937 US

## ADDITIONS/CHANGES:

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

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

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: MATHEW S. KRONMAN

MGR

01/25/2005

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