

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000019304

FILED
Sep 19, 2007
Secretary of State

Entity Name: RENEW THERAPY CENTER OF PALM BAY, LLC

Current Principal Place of Business:

2727 N. HWY A1A, #601
INDIALANTIC, FL 32903

New Principal Place of Business:

1091 PORT MALABAR BLVD., NE #2
PALM BAY, FL 32905

Current Mailing Address:

P.O. BOX 33669
INDIALANTIC, FL 32903

New Mailing Address:

1091 PORT MALABAR BLVD., NE #2
PALM BAY, FL 32905

FEI Number: 52-2370798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VASQUEZ, ALFREDO
2727 N. HWY A1A, #601
INDIALANTIC, FL 32903 US

Name and Address of New Registered Agent:

AGANON, LOVENA
1091 PORT MALABAR BLVD. NE #2
PALM BAY, FL 32905 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: LOVENA AGANON

09/19/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AGANON, LOVENA
Address: 1091 PORT MALABAR BLVD., NE #2
City-St-Zip: PALM BAY, FL 32905

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: LOVENA AGANON

MGRM

09/19/2007

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