2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2012
Secretary of State

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Entity Name: INT THERAPY CENTER, LLC

Current Principal Place of Business:

6450 FIRST AVE NORTH
SAINT PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6450 FIRST AVE NORTH
SAINT PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 82-0580267 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FITZGERALD, JOHN
6450 FIRST AVE. NORTH
SAINT PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: INSTITUTE OF NATURAL THERAPUTICS, LLC
Address: 6450 FIRST AVE NORTH
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MGR
Name: FITZGERALD, JOHN J
Address: 6450 FIRST AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: MGR
Name: FITZGERALD, RUTH M
Address: 6450 FIRST AVE. N.
City-St-Zip: SAINT PETERSBURG, FL 33710

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 Statues.

SIGNATURE: JOHN J. FITZGERALD MGR 04/12/2012

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