

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000000495

**FILED**  
**Feb 11, 2009**  
**Secretary of State**

**Entity Name:** INSTITUTE OF NATURAL THERAPUTICS, LLC

**Current Principal Place of Business:**

6450 FIRST AVENUE NORTH  
SAINT PETERSBURG, FL 33710

**New Principal Place of Business:**

**Current Mailing Address:**

6450 FIRST AVENUE NORTH  
SAINT PETERSBURG, FL 33710

**New Mailing Address:**

FEI Number: 82-0580263

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FITZGERALD, JOHN  
6450 FIRST AVENUE 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 ( ) Delete  
Name: INT THERAPY CENTER,, LLC  
Address: 6450 FIRST AVENUE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

**ADDITIONS/CHANGES:**

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: J. FITZGERALD

MR

02/11/2009

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