

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094338

Entity Name: POLK THERAPY, LLC

**FILED**  
**Aug 08, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

346 E. CENTRAL AVE.  
WINTER HAVEN, FL 33880

## **New Principal Place of Business:**

295 1ST STREET, SOUTH  
SUITE 2  
WINTER HAVEN, FL 33880

## **Current Mailing Address:**

346 E. CENTRAL AVE.  
WINTER HAVEN, FL 33880

## **New Mailing Address:**

295 1ST STREET, SOUTH  
SUITE 2  
WINTER HAVEN, FL 33880

FEI Number: 02-0749435

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

TUCKER, MARK  
346 E. CENTRAL AVE.  
WINTER HAVEN, FL 33880 US

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

TUCKER, MARK  
295 1ST STREET, SOUTH  
SUITE 2  
WINTER HAVEN, FL 33880 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: MARK TUCKER

08/08/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: TRUDEAU, SHARON A ADMIN  
Address: 295 1ST STREET, SOUTH SUITE 2  
City-St-Zip: WINTER HAVEN, FL 33880

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: SHARON TRUDEAU

ADMI

08/08/2011

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