2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 09, 2011
Secretary of State

DOCUMENT# L05000038385

Entity Name: AMERICAN THERAPY ADMINISTRATORS OF FLORIDA, LLC

Current Principal Place of Business:

1017 WEST GLEN OAKS LANE #206
MEQUON, WI 53092

New Principal Place of Business:

Current Mailing Address:

1017 WEST GLEN OAKS LANE #206
MEQUON, WI 53092

New Mailing Address:

FEI Number: 02-0749851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR., SUITE A
TALLAHASSEE, FL 32301 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: DINGLEY, DAVID W
Address: 1017 WEST GLEN OAKS LANE #206
City-St-Zip: MEQUON, WI 53092

Title: MGRM
Name: HEALTH NETWORK ONE.
Address: 801 E. HALLANDALE BEACH BLVD. SUITE 200
City-St-Zip: HALLANDALE, FL 33009

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: /DAVID W. DINGLEY/ MGRM 09/09/2011

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