

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000038385

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**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 Statutes.

**SIGNATURE:** /DAVID W. DINGLEY/

MGRM

04/30/2012

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