

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000054247

**FILED  
Apr 18, 2011  
Secretary of State**

**Entity Name:** THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

1101 N. CONGRESS AVE., SUITE 208  
BOYNTON BEACH, FL 33426 US

**New Principal Place of Business:**

**Current Mailing Address:**

1101 N. CONGRESS AVE., SUITE 208  
BOYNTON BEACH, FL 33426 US

**New Mailing Address:**

FEI Number: 03-0562586      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SALOMONI, CHRISTOPHER V  
REHAB SOLUTIOS, LLC  
1101 N. CONGRESS AVE., SUITE 208  
BOYNTON BEACH, FL 33426 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: SALOMONI, CHRISTOPHER V  
Address: 1101 N. CONGRESS AVE, STE 208  
City-St-Zip: BOYNTON BEACH, FL 33426 US

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: CHRISTOPHER V. SALOMONI      MGRM      04/18/2011

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