

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009909

FILED
Apr 20, 2009
Secretary of State

Entity Name: QUALITY THERAPY & SENIORS FITNESS CENTER, LLC

Current Principal Place of Business:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34772

New Principal Place of Business:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34769

Current Mailing Address:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34772

New Mailing Address:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34769

FEI Number: 05-0632060

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LICONG, JULIUS
3405 PERCHING ROAD
ST. CLOUD, FL 34772 US

Name and Address of New Registered Agent:

LICONG, JULIUS
3105 INNOVATION DRIVE
ST. CLOUD, FL 34769 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: JULIUS CAESAR LICONG

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LICONG, JULIUS C
Address: 3105 INNOVATION DRIVE
City-St-Zip: ST. CLOUD, FL 34772

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: JULIUS CAESAR LICONG

MGRM

04/20/2009

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