

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000009909

FILED
Apr 20, 2010
Secretary of State

Entity Name: QUALITY THERAPY & SENIORS FITNESS CENTER, LLC

Current Principal Place of Business:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

3105 INNOVATION DRIVE
ST. CLOUD, FL 34769

New Mailing Address:

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
3105 INNOVATION DRIVE
ST. CLOUD, FL 34769 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: LICONG, JULIUS C
Address: 3105 INNOVATION DRIVE
City-St-Zip: ST. CLOUD, FL 34772

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: JULIUS LICONG

MGRM

04/20/2010

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