

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000016475

**FILED**  
**Feb 13, 2012**  
**Secretary of State**

**Entity Name:** ORIENTAL THERAPY CENTER LLC

**Current Principal Place of Business:**

8771 STIRLING ROAD  
COOPER CITY, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

804 HAMPTON CT.  
WESTON, FL 33326

**New Mailing Address:**

8771 STIRLING ROAD  
COOPER CITY, FL 33328

**FEI Number:** 20-4374335

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, TIMOTHY J  
8771 STRILING ROAD  
COOPER CITY, FL 33328 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: SMITH, TIMOTHY J  
Address: 8771 STRILING ROAD  
City-St-Zip: COOPER CITY, FL 33328

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: TIMOTHY SMITH

MGRM

02/13/2012

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