

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048293

FILED
May 15, 2007
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF INDIAN HARBOUR BEACH, LLC

Current Principal Place of Business:

750 BROOKSIDE DRIVE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

750 BROOKSIDE DRIVE
INDIALANTIC, FL 32903 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KRONMAN, JILL
750 BROOKSIDE DRIVE
INDIALANTIC, FL 32903 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: MGR () Delete
Name: KRONMAN, MATHEW S
Address: 750 BROOKSIDE DRIVE
City-St-Zip: INDIALANTIC, FL 32903 US

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: MATHEW S KRONMAN

MGR

05/15/2007

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