

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048293

FILED
May 04, 2009
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:

2060 HWY A1A
STE 306
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

750 BROOKSIDE DRIVE
INDIALANTIC, FL 32903 US

New Mailing Address:

520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937

FEI Number: 20-4965642 FEI Number Applied For () 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:

KRONMAN, JILL
520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 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:

05/04/2009

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: MGR (X) Change () Addition
Name: KRONMAN, MATHEW S
Address: 520 ANDROS LANE
City-St-Zip: INDIA HARBOUR BEACH, FL 32937 US

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

CEO

05/04/2009

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