

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048293

FILED
May 18, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937

New Mailing Address:

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:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: KRONMAN, MATHEW S
Address: 520 ANDROS LANE
City-St-Zip: INDIA HARBOUR BEACH, FL 32937 US

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: MATHEW KRONMAN

MR.

05/18/2010

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