2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2011
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

KRONMAN, MATHEW
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: MATHEW KRONMAN 04/05/2011
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 Statues.

SIGNATURE: MATHEW KRONMAN MGR 04/05/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date