2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 11, 2012
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, MATHEW
520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 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
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: MAT KRONMAN MGR 06/11/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date