

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000049409

FILED
Jun 18, 2008
Secretary of State

Entity Name: ALLIED THERAPY CENTER, LLC

Current Principal Place of Business:

4055 NW 43RD STREET
21
GAINESVILLE, FL 32606 US

New Principal Place of Business:

4881 NW 8TH AVENUE
3
GAINESVILLE, FL 32605 US

Current Mailing Address:

4055 NW 43RD STREET
21
GAINESVILLE, FL 32606 US

New Mailing Address:

3841 NW 12TH PLACE
GAINESVILLE, FL 32605 US

FEI Number: 20-4877816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALHANICK, DAVID B
3841 NW 12TH PLACE
GAINESVILLE, FL 32605 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: MGRM () Delete
Name: SALHANICK, DAVID B
Address: 3841 NW 12TH PLACE
City-St-Zip: GAINESVILLE, FL 32605 US

Title: MGRM () Delete
Name: NOWAK, LINDA S
Address: 5925 NW 37TH DRIVE
City-St-Zip: GAINESVILLE, FL 32653 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DAVID B. SALHANICK

MGRM

06/18/2008

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