2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

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Entity Name: THE CENTER 4 MUSCLE RECOVERY, LLC

Current Principal Place of Business:

6321 CEDAR ST NE
ST. PETERSBURG,, FL 33702

New Principal Place of Business:

1015 SNELL ISLE BLVD
ST. PETERSBURG,, FL 33704

Current Mailing Address:

PO BOX 55145
ST. PETERSBURG,, FL 33732

New Mailing Address:

FEI Number: 30-0367630 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MUHLSTADT, WILLIAM J JR.
6321 CEDAR ST NE
ST. PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

MUHLSTADT, WILLIAM J JR.
1015 SNELL ISLE BLVD
ST. PETERSBURG, FL 33704 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: _____ 04/25/2012
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MUHLSTADT, WILLIAM J JR.
Address: 1015 SNELL ISLE BLVD
City-St-Zip: ST. PETERSBURG, FL 33704

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: WILLIAM J MUHLSTADT JR MGR 04/25/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date