

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096004

Entity Name: MOBILITY THERAPY, LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

16424 CROWN ARBOR WAY
FORT MYERS, FL 33908

New Principal Place of Business:

20 BARKLEY CR. #103
FORT MYERS, FL 33907

Current Mailing Address:

16424 CROWN ARBOR WAY
FORT MYERS, FL 33908

New Mailing Address:

20 BARKLEY CR. #103
FORT MYERS, FL 33907

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PILAPIL, E COO
16424 CROWN ARBOR WAY
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

PILAPIL, E COO
20 BARKLEY CR. # 103
FORT MYERS, FL 33907 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:

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: COO
Name: PILAPIL, E. COO
Address: 20 BARKLEY CR. # 103
City-St-Zip: FORT MYERS, FL 33907

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: E. PILAPIL

MR.

02/16/2011

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