2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

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Entity Name: PROFESSIONAL THERAPEUTIC CARE CENTER, LLC.

Current Principal Place of Business:

7448 ALOMA AVE.
SUITE # 2
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

395 WYMORE RD. APT#201
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 20-5767155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORRES, MARIEL L
395 WYMORE RD. APT#201
ALTAMONTE SPRINGS, FL 32714 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: TORRES, MARIEL L
Address: 395 WYMORE RD. APT#201
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: MARIEL L. TORRES MGR 04/22/2011

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