

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032588

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Entity Name:** NEUROMUSCULAR TREATMENT CENTER LLC

**Current Principal Place of Business:**

1811 BAYSHORE GARDENS PARKWAY  
BRADENTON, FL 34207

**New Principal Place of Business:**

**Current Mailing Address:**

1811 BAYSHORE GARDENS PARKWAY  
BRADENTON, FL 34207

**New Mailing Address:**

**FEI Number:** 22-3957305

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GEETHA . PALLEGAR  
1811 BAYSHORE GARDENS PARKWAY  
BRADENTON, FL 34207 US

**Name and Address of New Registered Agent:**

G. PALLEGAR  
1811 BAYSHORE GARDENS PARKWAY  
BRADENTON, FL 34207 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: GEETHA. PALLEGAR

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PALLEGAR, SOMASHEKAR  
Address: 1811 BAYSHORE GARDENS PARKWAY  
City-St-Zip: BRADENTON, FL 34207

Title: MGR  
Name: PALLEGAR, AJAY  
Address: 1811 BAYSHORE GARDENS PARKWAY  
City-St-Zip: BRADENTON, FL 34207

Title: ST  
Name: PALLEGAR, GEETHA  
Address: 1811 BAYSHORE GARDENS PARKWAY  
City-St-Zip: BRADENTON, FL 34207

Title: MGR  
Name: PALLEGAR, ANAND  
Address: 1811 BAYSHORE GARDENS PARKWAY  
City-St-Zip: BRADENTON, FL 34207

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: GEETHA .PALLEGAR

MGR

04/10/2012

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