

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045274

FILED
Apr 05, 2011
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF PALM BAY, LLC

Current Principal Place of Business:

4700 BABCOCK ST.
STE. 36
PALM BAY, FL 32905 US

New Principal Place of Business:

Current Mailing Address:

520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: 26-0184573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRONMAN, MATHEW
520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 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: KRONMAN, MATHEW
Address: 520 ANDROS LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 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 Statutes.

SIGNATURE: MATHEW KRONMAN

MGR

04/05/2011

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