

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083028

FILED
May 04, 2009
Secretary of State

Entity Name: FLORIDA THERAPY CENTER OF SUNTREE, LLC

Current Principal Place of Business:

520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

6300 N. WICKHAM RD.
STE. 132-P
MELBOURNE, FL 32940 US

Current Mailing Address:

520 ANDROS LANE
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 () Delete
Name: KRONMAN, MATHEW
Address: 520 ANDROS LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 S KRONMAN

CEO

05/04/2009

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