2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000097276

Entity Name: PRO MOTION THERAPY OF LAKE CITY, LLC

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

289 SOUTH WEST STONEGATE TERRACE 289 SOUTH WEST STONEGATE TERRACE

SUITE 101 SUITE 101

LAKE CITY, FL 32055 LAKE CITY, FL 32024 US

New Mailing Address: **Current Mailing Address:**

289 SOUTH WEST STONEGATE TERRACE 289 SOUTH WEST STONEGATE TERRACE

SUITE 101 SUITE 101

LAKE CITY, FL 32055 LAKE CITY, FL 32024 US

FEI Number: 90-0336865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

SGANGA, BRIAN JESQ 356 SOUTH MARION STREET LAKE CITY, FL 32025

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: ADDITIONS/CHANGES:

MGRM Title: (X) Change () Addition () Delete

SGANGA, MELINDA D Name: SGANGA, MELINDA D Name:

Address: 289 SOUTH WEST STONEGATE TERRACE, STE. 101 Address: 289 SOUTH WEST STONEGATE TERRACE, STE. 101 LAKE CITY, FL 32055 LAKE CITY, FL 32024

City-St-Zip: City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

Name: SGANGA, BRIAN J Name: Address: 356 S. MARION ST. Address: City-St-Zip: LAKE CITY, FL 32025 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: MELINDA SGANGA **MGRM** 01/09/2008