2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2011
Secretary of State

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Entity Name: PRO MOTION THERAPY OF LAKE CITY, LLC

Current Principal Place of Business:

289 SOUTH WEST STONEGATE TERRACE
SUITE 101
LAKE CITY, FL 32024 US

New Principal Place of Business:

289 SOUTHWEST STONEGATE TERRACE
SUITE 101
LAKE CITY, FL 32024 US

Current Mailing Address:

289 SOUTH WEST STONEGATE TERRACE
SUITE 101
LAKE CITY, FL 32024 US

New Mailing Address:

289 SOUTHWEST STONEGATE TERRACE
SUITE 101
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:

SGANGA, BRIAN J ESQ.
356 SOUTH MARION STREET
LAKE CITY, FL 32025 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: MGRM
Name: SGANGA, MELINDA D
Address: 289 SOUTH WEST STONEGATE TERRACE, STE. 101
City-St-Zip: LAKE CITY, FL 32024

Title: MGRM
Name: SGANGA, BRIAN J
Address: 356 S. MARION ST.
City-St-Zip: LAKE CITY, FL 32025

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: MELINDA SGANGA MGRM 03/03/2011

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