

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021403

**FILED**  
**Feb 24, 2009**  
**Secretary of State**

**Entity Name:** GET WELL THERAPY, L.L.C.

**Current Principal Place of Business:**

3508 TAMIA MI TRAIL  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

2400 HARBOR BLVD  
SUITE 9  
PORT CHARLOTTE, FL 33952 US

**Current Mailing Address:**

3508 TAMIAMI TRAIL STE A  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

2400 HARBOR BLVD  
SUITE 9  
PORT CHARLOTTE, FL 33952 US

**FEI Number:** 26-1206318

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GABRIEL, WEBER  
3508 TAMIAMI TRAIL  
STE A  
PORT CHARLOTTE, FL 33952 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 ( ) Delete  
Name: ROBERTO, ROMERO  
Address: 3508 TAMIAMI TRAIL, STE A  
City-St-Zip: PORT CHARLOTTE, FL 33952

**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:** ROBERTO ROMERO

MGR

02/24/2009

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