

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021403

FILED
Apr 21, 2010
Secretary of State

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

Current Principal Place of Business:

2400 HARBOR BLVD
SUITE 9
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

2400 HARBOR BLVD
SUITE 9
PORT CHARLOTTE, FL 33952 US

New Mailing Address:

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
Name: ROBERTO, ROMERO
Address: 2400 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: VP
Name: BOWEN, MICHAEL R
Address: 2400 HARBOR BLVD, STE 9
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: CD
Name: BOWEN, CHRISTINE R
Address: 2400 HARBOR BLVD, STE 9
City-St-Zip: PORT CHARLOTTE, FL 33952

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: ROBERTO ROMERO

MGR

04/21/2010

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