

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000021403

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

FILED
Sep 28, 2012
Secretary of State

Current Principal Place of Business:

3161 HARBOR BLVD
SUITE B
PORT CHARLOTTE, FL 33952 US

New Principal Place of Business:

Current Mailing Address:

3161 HARBOR BLVD
SUITE B
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:

CHRISTINE, BOWEN
1315 SEA HORSE CT
PUNTA GORDA, FL 33950 US

Name and Address of New Registered Agent:

GETWELL PT
3161 HARBOR BLVD
STE B
PORT CHARLOTTE, FL 33952 US

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: CHRISTINE BOWEN

09/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ROBERTO, ROMERO
Address: 3161 HARBOR BLVD
City-St-Zip: PORT CHARLOTTE, FL 33952 US

Title: CD
Name: BOWEN ROBERTS, CHRISTINE A
Address: 3161 HARBOR BLVD, STE B
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: CHRISTINE BOWEN

CD

09/28/2012

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