

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000026082

**FILED**  
**Jan 27, 2012**  
**Secretary of State**

**Entity Name:** PALM BEACH THERAPY ASSOCIATES, L.L.C.

**Current Principal Place of Business:**

114 HEMINGWAY CT.  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

2240 PALM BEACH LAKES BLVD.  
STE 225  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

114 HEMINGWAY CT.  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

2240 PALM BEACH LAKES BLVD.  
STE 225  
WEST PALM BEACH, FL 33409

**FEI Number:** 26-2475950

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, CHRISTOPHER DR.  
114 HEMINGWAY CT.  
ROYAL PALM BEACH, FL 33411 US

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

WHITE, CHRISTOPHER DR.  
2240 PALM BEACH LAKES BLVD.  
STE 225  
WEST PALM BEACH, FL 33409 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: DR CHRISTOHER WHITE

01/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHITE, CHRISTOPHER DC  
Address: 2240 PALM BEACH LAKES BLVD. STE 225  
City-St-Zip: WEST PALM BEACH, FL 33409

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: DR CHRISTOPHER WHITE

MGR

01/27/2012

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