

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000075345

Entity Name: HENRY THERAPY, LLC

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

2406 CYPRESS GLEN DR.  
SUITE 102  
WESLEY CHAPEL, FL 33544

## **New Principal Place of Business:**

3848 FLATIRON LOOP  
SUITE 101  
WESLEY CHAPEL, FL 33544

## **Current Mailing Address:**

2406 CYPRESS GLEN DR.  
SUITE 102  
WESLEY CHAPEL, FL 33544

## **New Mailing Address:**

3848 FLATIRON LOOP  
SUITE 101  
WESLEY CHAPEL, FL 33544

FEI Number: 26-3116669

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HENRY, RYAN G PHD  
5026 RUSHBROOK RD.  
LAND O LAKES, FL 34638 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: PRES  
Name: HENRY, RYAN G PHD  
Address: 3848 FLATIRON LOOP SUITE 101  
City-St-Zip: WESLEY CHAPEL, FL 33544

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: RYAN HENRY

PRES

01/18/2012

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