

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096800

FILED
May 20, 2011
Secretary of State

Entity Name: MASINO THERAPY SERVICES, LLC

Current Principal Place of Business:

26 NORWICH CIR
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1082
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 26-3537429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASINO, THEODORE P II
996 AIRPORT ROAD
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MASINO, THEODORE P II
1008 AIRPORT ROAD SUITE D
DESTIN, FL 32541 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:

05/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: MASINO, THEODORE P II
Address: P.O. BOX 1082
City-St-Zip: NICEVILLE, FL 32588 US

Title: VP
Name: MASINO, JENNIFER
Address: P.O. BOX 1082
City-St-Zip: NICEVILLE, FL 32588 US

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: THEODORE MASINO II

DR

05/20/2011

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