

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096800

**FILED**  
**May 10, 2012**  
**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:**

1008 AIRPORT RD  
STE D  
DESTIN, FL 32541 US

**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  
1008 AIRPORT ROAD SUITE D  
DESTIN, FL 32541 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: 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

DR.

05/10/2012

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