

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000007967

FILED
Apr 06, 2011
Secretary of State

Entity Name: THE CENTER FOR NEUROMUSCULAR THERAPY LLC

Current Principal Place of Business:

131 N MOON AVE
SUITE 2
BRANDON, FL 33510

New Principal Place of Business:

Current Mailing Address:

131 N MOON AVE
SUITE 2
BRANDON, FL 33510

New Mailing Address:

FEI Number: 26-4065918

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEITH, W C
1722 STAYSAIL DR
VALRICO, FL 33594 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: MGRM
Name: HOLM, TODD L
Address: 131 N MOON AVE
City-St-Zip: BRANDON, FL 33510

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: TODD L. HOLM

MGRM

04/06/2011

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