

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034817

FILED  
Mar 05, 2012  
Secretary of State

**Entity Name:** VARIAS THERAPY SERVICES LLC

**Current Principal Place of Business:**

3384 HOLT CIRCLE  
PENSACOLA, FL 32526 US

**New Principal Place of Business:**

**Current Mailing Address:**

3384 HOLT CIRCLE  
PENSACOLA, FL 32526 US

**New Mailing Address:**

FEI Number: 26-4680399

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VARIAS, DANIEL T  
3384 HOLT CIRCLE  
PENSACOLA, FL 32526 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: MGR  
Name: VARIAS, DANIEL T  
Address: 3384 HOLT CIRCLE  
City-St-Zip: PENSACOLA, FL 32526 US

Title: MGRM  
Name: VARIAS, ASHLEY D  
Address: 3384 HOLT CIRCLE  
City-St-Zip: PENSACOLA, FL 32526 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: DANIEL T VARIAS

MGR

03/05/2012

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