

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000082666

FILED
Feb 25, 2011
Secretary of State

Entity Name: PREVAIL THERAPY SERVICES, LLC

Current Principal Place of Business:

22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081 US

New Principal Place of Business:

Current Mailing Address:

22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081 US

New Mailing Address:

FEI Number: 27-0597917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MILLER, TORI
22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081 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: MILLER, GRIFFIN
Address: 22 BERMUDA GREENS AVE
City-St-Zip: PONTE VEDRA, FL 32081 US

Title: MGRM
Name: MILLER, TORI
Address: 22 BERMUDA GREENS AVE
City-St-Zip: PONTE VEDRA, FL 32081 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: TORI MILLER

MGRM

02/25/2011

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