

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000093650

FILED
Jan 30, 2010
Secretary of State

Entity Name: STILLPOINT THERAPY CENTER LLC

Current Principal Place of Business:

2730 NW 39TH AVE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

2730 NW 39TH AVE
GAINESVILLE, FL 32605

New Mailing Address:

FEI Number: 26-4317757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARNETT, JUUSTIN G
2730 NW 39TH AVE
GAINESVILLE, FL 32605 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: BARNETT, JUSTIN G
Address: 2730 NW 39TH AVE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR
Name: BARNETT, WILLIAM S
Address: 14828 NW 107 TERRACE
City-St-Zip: ALACHUA, FL 32615

Title: MGR
Name: BARNETT, DAVID S
Address: 14828 NW 107 TERRACE
City-St-Zip: ALACHUA, FL 32615

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: JUSTIN BARNETT

MGR

01/30/2010

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