

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000093650

**FILED**  
**Oct 09, 2011**  
**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: MR  
Name: BARNETT, DAVID S SR  
Address: 14828 NW 107 TERRACE  
City-St-Zip: ALACHUA, FL 32615

Title: DR  
Name: BARNETT, WILLIAM S  
Address: 6798 SW 96TH STREET  
City-St-Zip: HAMPTON, FL 32044

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

10/09/2011

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