

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020816

FILED
Feb 14, 2011
Secretary of State

Entity Name: RESTORATIVE THERAPY LLC

Current Principal Place of Business:

9 MAYTEN CT S
HOMOSASSA, FL 34446 US

New Principal Place of Business:

13785 LINDEN DRIVE
SPRING HILL, FL 34609 US

Current Mailing Address:

9 MAYTEN CT S
HOMOSASSA, FL 34446 US

New Mailing Address:

13785 LINDEN DRIVE
SPRING HILL, FL 34609 US

FEI Number: 27-2017482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALLATT, JAMES P
9 MAYTEN CT S
HOMOSASSA, FL 34446 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: HALLATT, JAMES P
Address: 9 MAYTEN CT S
City-St-Zip: HOMOSASSA, FL 34446 US

Title: MGRM
Name: NYE, ROBERT L
Address: 3446 EAST LAKE DR
City-St-Zip: LAND O LAKES, FL 34639 US

Title: MGRM
Name: TINO, PATRICK A
Address: 11442 CALLAGHAN AVE
City-St-Zip: SPRING HILL, FL 34608 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: JAMES HALLAT

MGRM

02/14/2011

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