

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000056189

FILED
Apr 29, 2012
Secretary of State

Entity Name: ISAAC NEWMAN THERAPY SERVICES, LLC

Current Principal Place of Business:

1312 NE CLOVER AVE
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

1312 NE CLOVER AVE
MADISON, FL 32340

New Mailing Address:

FEI Number: 80-0603960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, WILLIAM I
1312 NE CLOVER AVE
MADISON, FL 32340 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: NEWMAN, WILLIAM I
Address: 1312 NE CLOVER AVE
City-St-Zip: MADISON, FL 32340

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: WILLIAM I. NEWMAN

MGR

04/29/2012

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