

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000071556

FILED
Apr 27, 2012
Secretary of State

Entity Name: CENTER FOR BALANCE DIZZINESS AND PHYSICAL THERAPY LLC

Current Principal Place of Business:

2206 S SEACREST BLVD
STE 1
BOYNTON BEACH, FL 334356519 US

New Principal Place of Business:

Current Mailing Address:

2206 S SEACREST BLVD
STE 1
BOYNTON BEACH, FL 334356519 US

New Mailing Address:

FEI Number: 27-3052247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POZO, T. RUBEN
6508 BLUE BAY CIRCLE
LAKE WORTH, FL 334677219 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: TIRADO, PEDRO MD
Address: 653 CASTILLA LANE
City-St-Zip: BOYNTON BEACH, FL 334356103 US

Title: MGRM
Name: POZO, T. RUBEN PT
Address: 6508 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 334677219 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: PEDRO TIRADO

MGRM

04/27/2012

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