2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2011
Secretary of State

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Entity Name: RESTORATION THERAPY CENTER LLC

Current Principal Place of Business:

2614 N LACONA RD
AVON PARK, FL 33825

New Principal Place of Business:

1200 W. AVON BLVD. SUITE 200
AVON PARK, FL 33825

Current Mailing Address:

2614 N LACONA RD
AVON PARK, FL 33825

New Mailing Address:

1200 W. AVON BLVD. SUITE 200
AVON PARK, FL 33825

FEI Number: 27-3145533 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GONZALEZ-CRESPO, BERNABE
2614 N LACONA RD
AVON PARK, FL 33825 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: GONZALEZ-CRESPO, BERNABE
Address: 1200 W. AVON BLVD.
City-St-Zip: AVON PARK, FL 33825

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 Statues.

SIGNATURE: B. GONZALEZ-CRESPO MR. 04/29/2011

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