

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000105809

FILED
Feb 01, 2012
Secretary of State

Entity Name: OCCUPATIONAL THERAPY HEALTH AND FITNESS LLC

Current Principal Place of Business:

815 MONTANA AVE.
SAINT CLOUD, FL 34769

New Principal Place of Business:

Current Mailing Address:

815 MONTANA AVE.
SAINT CLOUD, FL 34769

New Mailing Address:

FEI Number: 27-3678087

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STRAHSBURG, FREDRICK J COTA/L
815 MONTANA AVE.
SAINT CLOUD, FL 34769 FRED 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: STRAHSBURG, FREDRICK J COTA/L
Address: 815 MONTANA AVE
City-St-Zip: SAINT CLOUD, FL 34769

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: FREDRICK J STRAHSBURG

MGRM

02/01/2012

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