

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000113719

FILED
Mar 02, 2011
Secretary of State

Entity Name: MOBILE THERAPY ENTERPRISES LLC

Current Principal Place of Business:

505 W 47TH ST
MIAMI BEACH, FL 33140 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 2277
MIAMI BEACH, FL 33140 US

New Mailing Address:

FEI Number: 27-3851962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMPER, MARK E
505 W 47TH ST
MIAMI BEACH, FL 33140 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: POMPER, MARK E
Address: 505 W 47TH ST
City-St-Zip: MIAMI BEACH, FL 33140 US

Title: MGRM
Name: POMPER, SUZAN
Address: 505 W 47TH ST
City-St-Zip: MIAMI BEACH, FL 33140 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: MARK POMPER

MGRM

03/02/2011

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