# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 11, 2012**
**Secretary of State**

DOCUMENT# L10000119126

**Entity Name:** AFTERCARE THERAPY SERVICES LLC

**Current Principal Place of Business:**

2165 SW RACE ROAD
PORT ST LUCIE, FL 34983 US

**New Principal Place of Business:**

2165 SW RACE ROAD
PORT ST LUCIE, FL 34953 US

**Current Mailing Address:**

PO BOX 7493
PORT ST LUCIE, FL 349857493 US

**New Mailing Address:**

**FEI Number: 27-3969513** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOHNSON, JOHN W
2165 SW RACE ROAD
PORT ST LUCIE, FL 34953 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: JOHNSON, JOHN W
Address: 2165 SW RACE RD
City-St-Zip: PORT ST LUCIE, FL 34953 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 Statues.

SIGNATURE: JOHN W. JOHNSON MGRM 03/11/2012

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