

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000017103

Entity Name: SMARTHETHERAPY LLC

FILED
Jan 30, 2012
Secretary of State

Current Principal Place of Business:

5190 NW 167TH ST
HIALEAH, FL 33014 US

New Principal Place of Business:

5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014 US

Current Mailing Address:

5190 NW 167TH ST
HIALEAH, FL 33014 US

New Mailing Address:

5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014 US

FEI Number: 27-4843672

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAURICIO, MARIA C
5190 NW 167TH ST
HIALEAH, FL 33014 US

Name and Address of New Registered Agent:

MAURICIO, MARIA C
5190 NW 167TH ST
SUITE 117
HIALEAH, FL 33014 US

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:

01/30/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MAURICIO, MARIA C
Address: 5190 NW 167TH ST, STE 117
City-St-Zip: HIALEAH, FL 33014 US

Title: MGR
Name: ROSA, CHAMILE
Address: 5190 NW 167TH ST, STE 117
City-St-Zip: HIALEAH, FL 33014 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: MARIA CECILIA MAURICIO

MGR

01/30/2012

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