2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2012
Secretary of State

DOCUMENT# L11000069073

Entity Name: BEST THERAPY, LLC

Current Principal Place of Business:

9769 NW 127 ST
HIALEAH GARDENS, FL 33018

New Principal Place of Business:

Current Mailing Address:

9769 NW 127 ST
HIALEAH GARDENS, FL 33018

New Mailing Address:

FEI Number: 61-1653966 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CUIK, SANDRA
9769 NW 127 ST
HIALEAH GARDENS, FL 33018 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: CUIK, SANDRA
Address: 9769 NW 127 ST
City-St-Zip: HIALEAH GARDENS, FL 33018

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: SANDRA CUIK P 04/21/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date