

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000072869

FILED
Apr 30, 2012
Secretary of State

Entity Name: WEST COAST THERAPY SPECIALIST LLC

Current Principal Place of Business:

542 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 US

New Principal Place of Business:

Current Mailing Address:

542 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 US

New Mailing Address:

FEI Number: 45-2604865 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, MELISSA
542 JOHNS PASS AVENUE
MADEIRA BEACH, FL 33708 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: EWING, MELISSA
Address: 542 JOHNS PASS AVE
City-St-Zip: MADEIRA BEACH, FL 33708 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: MELISSA EWING MGR 04/30/2012

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