2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2012
Secretary of State

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Entity Name: FLORIDA KEYS THERAPY LLC

Current Principal Place of Business:

1500 OCEAN BAY DRIVE
SUITE H2
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 371640
KEY LARGO, FL 33037

New Mailing Address:

FEI Number: 36-4716386 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIBSON, ANASTASSIA
1500 OCEAN BAY DR
SUITE H2
KEY LARGO, FL 33037 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: GIBSON, ANASTASSIA
Address: 1500 OCEAN BAY DRIVE SUITE H2
City-St-Zip: KEY LARGO, FL 33037

Title: P
Name: VORONOVICH, VLADIMIR
Address: 100 HAMMOCKS TRAIL APT 2106
City-St-Zip: KEY LARGO, FL 33037

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: ANASTASSIA GIBSON MGRM 04/01/2012

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