

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134505

Entity Name: FUSION THERAPY, LLC

FILED
Feb 14, 2012
Secretary of State

Current Principal Place of Business:

1921 MONTE CARLO DRIVE
UNIT 302A
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1921 MONTE CARLO DRIVE
UNIT 302A
SARASOTA, FL 34231

New Mailing Address:

FEI Number: 45-3934423

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIBLER, TERRENCE R
1921 MONTE CARLO DRIVE
UNIT 302A
SARASOTA, FL 34231 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: SCHIBLER, TERRENCE R
Address: 1921 MONTE CARLO DRIVE, UNIT 302A
City-St-Zip: SARASOTA, FL 34231

Title: MGRM
Name: LEWIS SCHIBLER, GENA
Address: 1921 MONTE CARLO DRIVE, UNIT 302A
City-St-Zip: SARASOTA, FL 34231

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: TERRANCE R SCHIBLER

MGRM

02/14/2012

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