

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000139249

**FILED**  
**Mar 27, 2012**  
**Secretary of State**

**Entity Name:** OCCUPATIONAL PERFORMANCE COMPANY LLC

**Current Principal Place of Business:**

519 S. SANTA FE  
SALINA, KS 67401

**New Principal Place of Business:**

**Current Mailing Address:**

6245 N. FEDERAL HIGHWAY  
SUITE 300  
FT. LAUDERDALE, FL 33308

**New Mailing Address:**

20077 BACK NINE DRIVE  
ATTN C HARKINS  
BOCA RATON, FL 33498

**FEI Number:** 35-2430066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARKINS, CHRISTOPHER  
20077 BAK NINE DRIVE  
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

HARKINS, CHRISTOPHER  
20077 BACK NINE DRIVE  
BOCA RATON, FL 33498 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:

03/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MEDICAL HORIZONS INTERNATIONAL, INC.  
Address: 20077 BANK NINE DRIVE  
City-St-Zip: BOCA RATON, FL 33498

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: MEDICAL HORIZONS INTERNATIONAL INC

MGR

03/27/2012

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