

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000005396

FILED
Apr 26, 2012
Secretary of State

Entity Name: ACCOMPLISH THERAPY LLC

Current Principal Place of Business:

1675 PALM BEACH LAKES BLVD STE 900
WEST PALM BEACH, FL 33401

New Principal Place of Business:

1675 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 33401

Current Mailing Address:

1675 PALM BEACH LAKES BLVD STE 900
WEST PALM BEACH, FL 33401

New Mailing Address:

1675 PALM BEACH LAKES BLVD
SUITE 900
WEST PALM BEACH, FL 33401

FEI Number: 27-2548236

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPECTOR GADON & ROSEN LLP
360 CENTRAL AVE STE 1550
ST PETERSBURG, FL 33701 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: PRICE, JACQUELINE
Address: 1675 PALM BEACH LAKES BLVD STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR
Name: HOWE, DEBRA
Address: 1675 PALM BEACH LAKES BLVD STE 900
City-St-Zip: WEST PALM BEACH, FL 33401

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: DEBRA HOWE

MGR

04/26/2012

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