

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000110930

**Entity Name:** THERAPY PROPERTIES, LLC

**Current Principal Place of Business:**

502 NORTH MACARTHUR AVE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

621 NORTH MARTIN LUTHER KING  
PANAMA CITY, FL 32401

**FEI Number:** 20-3858236

**Certificate of Status Desired:** No

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

RAMIREZ, JESUS MM.D.  
211 S. COVE TERRACE DRIVE  
PANAMA CITY, FL 32401 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name RAMIREZ, JESUS MM.D.  
Address 211 S. COVE TERRACE DRIVE  
City-State-Zip: PANAMA CITY FL 32401

Title MGRM  
Name WONG, LARRY TD.O.  
Address 2900 TUPELO DRIVE  
City-State-Zip: PANAMA CITY FL 32405

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JESUS M. RAMIREZ

M D

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date