2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2014
Secretary of State
CC3951529553

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Entity Name: PREVAIL THERAPY SERVICES, LLC

Current Principal Place of Business:

22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081

Current Mailing Address:

22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081 US

FEI Number: 27-0597917

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MILLER, TORI
22 BERMUDA GREENS AVE
PONTE VEDRA, FL 32081 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	Title	MGRM
Name	MILLER, GRIFFIN	Name	MILLER, TORI
Address	22 BERMUDA GREENS AVE	Address	22 BERMUDA GREENS AVE
City-State-Zip:	PONTE VEDRA FL 32081	City-State-Zip:	PONTE VEDRA FL 32081

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: TORI MILLER MGRM 01/31/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date