

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000084489

Entity Name: MEMORIAL THERAPY CENTER, LLC

Current Principal Place of Business:

3430 W. LAMBRIGHT ST
SUITE 104
TAMPA, FL 33614

Current Mailing Address:

3430 W. LAMBRIGHT ST
SUITE 104
TAMPA, FL 33614 US

FEI Number: 27-3222465

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUELLAR DUQUE, YOSMANY
3430 W. LAMBRIGHT ST, STE 104
TAMPA, FL 33614 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 MGR
Name CUELLAR, YOSMANY
Address 3430 W. LAMBRIGHT ST, STE 104
City-State-Zip: TAMPA FL 33614

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: YOSMANY CUELLAR DUQUE

MGR

04/29/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date