

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000128706

Entity Name: ADVAITA THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

11668 PIPING PLOVER RD
LAKE WORTH, FL 33449

Current Mailing Address:

11668 PIPING PLOVER RD
LAKE WORTH, FL 33449

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAURENCE, SCOTT
11668 PIPING PLOVER RD
LAKE WORTH, FL 33449 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 LAURENCE, SCOTT
Address 11668 PIPING PLOVER RD
City-State-Zip: LAKE WORTH FL 33449

Title MGRM
Name LAURENCE, HELEN
Address 11668 PIPING PLOVER RD
City-State-Zip: LAKE WORTH FL 33449

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: SCOTT LAURENCE

PRESIDENT

04/13/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date