

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000008729

Entity Name: NEW START THERAPY, LLC

Current Principal Place of Business:

4446 ANDOVER CAY BLVD
ORLANDO, FL 32825

Current Mailing Address:

4446 ANDOVER CAY BLVD
ORLANDO, FL 32825

FEI Number: 47-2811868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARRA, NELSON
4446 ANDOVER CAY BLVD
ORLANDO, FL 32825 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	PT	Title	MGR
Name	PARRA JEREZ, NELSON	Name	ROMERO MUNOZ, OLGA L
Address	4446 ANDOVER CAY BLVD	Address	4446 ANDOVER CAY BLVD
City-State-Zip:	ORLANDO FL 32825	City-State-Zip:	ORLANDO FL 32825

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: NELSON PARRA JEREZ

PT

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date