2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2016
Secretary of State
CC0587983490

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Entity Name: RE-ALIGN EXERCISE THERAPY LLC

Current Principal Place of Business:

5210 PALOS VERDES DR.
SARASOTA, FL 34231

Current Mailing Address:

5210 PALOS VERDES DR.
SARASOTA, FL 34231

FEI Number: 47-5667202

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHADWICK-SONNEN, LAUREN R
5210 PALOS VERDES DR.
SARASOTA, FL 34231 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	MANAGER
Name	CHADWICK-SONNEN, LAUREN R
Address	5210 PALOS VERDES DR.
City-State-Zip:	SARASOTA FL 34231

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: LAUREN CHADWICK-SONNEN MANAGER 05/01/2016

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