

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004851

**Entity Name:** AMERICAN THERAPY ADMINISTRATORS, LLC

**Current Principal Place of Business:**

N 92 W14612 ANTHONY AVE  
MENOMONEE FALLS, WI 53051

**Current Mailing Address:**

W140N8981 LILLY ROAD  
MENOMONEE FALLS, WI 53051 US

**FEI Number:** 39-1938014

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE, SUITE A  
TALLAHASSEE, FL 32301 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 KASTEN, CRAIG R  
Address 10201 N PORT WASHINGTON ROAD  
City-State-Zip: MEQUON WI 53092

*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:** CRAIG R KASTEN

MGR

04/27/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date