2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2014
Secretary of State
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Entity Name: AMERICAN THERAPY ADMINISTRATORS, LLC

Current Principal Place of Business:

N 92 W14612 ANTHONY AVE
MENOMONEE FALLS, WI 53051

Current Mailing Address:

10201 N PORT WASHINGTON ROAD
MEQUON, WI 53092 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 MANAGER 03/18/2014

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