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: BEATRIZ CURET-BURGOS

Electronic Signature of Signing Authorized Person(s) Detail

142 S SEMORAN BLVD

Current Principal Place of Business:

DOCUMENT# L05000038397

ORLANDO, FL 32807

Current Mailing Address:

PO BOX 537 GOLDENROD, FL 32733

FEI Number: 20-2824991

Name and Address of Current Registered Agent:

KELLIE E. TOMEO, P.A. KELLIE E. TOMEO, ESQ 2699 LEE ROAD SUITE 101 WINTER PARK, FL 32789 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

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: LITTLE BIG STEPS THERAPY SERVICES, LLC

Authorized Person(s) Detail :

Title	MS	Title	MR
Name	CURET-BURGOS, BEATRIZ PRESIDE	Name	BURGOS, PABLO JVICE-PR
Address	!42 S SEMORAN BLVD	Address	142 S SEMORAN BLVD
City-State-Zip:	ORLANDO FL 32807	City-State-Zip:	ORLANDO FL 32807

Certificate of Status Desired: Yes

04/25/2016 Date

FILED Apr 25, 2016 Secretary of State CC5164638740

Date

PRESIDET

EI