

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005842

**Entity Name:** FIRST STEP THERAPY LLC

**Current Principal Place of Business:**

2045 SHANNON LAKES BLVD.  
KISSIMMEE, FL 34743

**Current Mailing Address:**

1441 FORTUNE ROAD  
#256  
KISSIMMEE, FL 34744 US

**FEI Number:** 27-1790794

**Certificate of Status Desired:** Yes

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

MARTINEZ, JOSE A  
2045 SHANNON LAKES BLVD.  
KISSIMMEE, FL 34743 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 MGRM  
Name MARTINEZ, JOSE A  
Address 2045 SHANNON LAKES BLVD.  
City-State-Zip: KISSIMMEE FL 34743

Title MGRM  
Name NICHOLAS, FEDERICO  
Address 1638 HERRING LN  
City-State-Zip: CLERMONT FL 34714

Title MGRM  
Name SAMINA, SHAIKH  
Address 8702 BRISTOL PARK DRIVE  
City-State-Zip: ORLANDO FL 32836

*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:** JOSE MARTINEZ

MGRM

04/25/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date