

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000121666

Entity Name: KID KONNECTION THERAPY SERVICES, PLLC

Current Principal Place of Business:

3516 ALBRITTON STREET
NEW PORT RICHEY, FL 34655

Current Mailing Address:

3516 ALBRITTON STREET
NEW PORT RICHEY, FL 34655 US

FEI Number: 45-3686621

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STURGILL, KRISTI L
3516 ALBRITTON ST
NEW PORT RICHEY, FL 34655 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 STURGILL, KRISTI L
Address 3516 ALBRITTON STREET
City-State-Zip: NEW PORT RICHEY FL 34655

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTI STURGILL

SPEECH-LANGUAGE
PATHOLOGIST/MANAGER

03/15/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date