2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2015
Secretary of State
CC7024616311

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

SIGNATURE: KRISTI L STURGILL OWNER 03/24/2015

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