

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013168

FILED
Jan 25, 2005
Secretary of State

Entity Name: FORD THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

9133 COLLINS AVE
SURFSIDE, FL 33154

New Principal Place of Business:

6 NORTH DRIVE
KEY LARGO, FL 33037

Current Mailing Address:

9133 COLLINS AVE
SURFSIDE, FL 33154

New Mailing Address:

6 NORTH DRIVE
KEY LARGO, FL 33037 US

FEI Number: 65-1150827

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SUSAN FORD HAMMAKER
9133 COLLINS AVE
SURFSIDE, FL 33154 US

Name and Address of New Registered Agent:

HAMMAKER, SUSAN F
6 NORTH DRIVE
KEY LARGO, FL 33037 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: SUSAN HAMMAKER

01/25/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: SUSAN FORD HAMMAKER,
Address: 9133 COLLINS AVE
City-St-Zip: SURFSIDE, FL 33154

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HAMMAKER, SUSAN F
Address: 6 NORTH DRIVE
City-St-Zip: KEY LARGO, FL 33037

Title: MGR () Change (X) Addition
Name: HAMMAKER, SUSAN F MGR
Address: 6 NORTH DRIVE
City-St-Zip: KEY LARGO, FL 33037 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: SFH

MGR

01/25/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date