

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013168

FILED
May 11, 2008
Secretary of State

Entity Name: FORD THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

6 NORTH DRIVE
KEY LARGO, FL 33037

New Principal Place of Business:

Current Mailing Address:

6 NORTH DRIVE
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-1150827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: SUSAN F HAMMAKER

MGR

05/11/2008

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