

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018096

FILED
Jan 04, 2006
Secretary of State

Entity Name: ALLIED THERAPY OF MADISON, LLC

Current Principal Place of Business:

808 WEST BASE STREET
MADISON, FL 32340 US

New Principal Place of Business:

456 WEST BASE STREET
MADISON, FL 32340 US

Current Mailing Address:

808 WEST BASE STREET
MADISON, FL 32340 US

New Mailing Address:

456 WEST BASE STREET
MADISON, FL 32340 US

FEI Number: 59-3758527

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, KIMBERLY M
808 WEST BASE STREET
MADISON, FL 32340 US

Name and Address of New Registered Agent:

SANDERS, KIMBERLY M
456 WEST BASE STREET
MADISON, FL 32340 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: KIMBERLY M. SANDERS

01/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SANDERS, KIMBERLY M
Address: 808 W BASE ST
City-St-Zip: MADISON, FL 32340

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SANDERS, KIMBERLY M
Address: 456 W BASE ST
City-St-Zip: MADISON, FL 32340

I hereby certify that the information supplied with this filing does not qualify for the 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: KIMBERLY M. SANDERS

MGRM

01/04/2006

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