2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L01000018096

Entity Name: ALLIED THERAPY OF MADISON, LLC

Current Principal Place of Business:

456 WEST BASE STREET
MADISON, FL 32340 US

New Principal Place of Business:

Current Mailing Address:

456 WEST BASE STREET
MADISON, FL 32340 US

New Mailing Address:

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
456 WEST BASE STREET
MADISON, FL 32340 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: MGRM
Name: SANDERS, KIMBERLY M
Address: 456 W BASE ST
City-St-Zip: MADISON, FL 32340

I hereby 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 Statues.

SIGNATURE: KIMBERLY M SANDERS MGRM 02/16/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date