

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010657

FILED
Jan 11, 2006
Secretary of State

Entity Name: TOTAL THERAPY SOLUTIONS, L.L.C.

Current Principal Place of Business:

5011 OCEAN BOULEVARD
SUITE 303
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5011 OCEAN BOULEVARD
SUITE 303
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 01-0684302

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, KATHLEEN MARIE
5119 OXFORD DRIVE
SARASOTA, FL 34242 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 () Delete
Name: LONG, KATHLEEN M
Address: 5119 OXFORD DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: MGRM () Delete
Name: MARITATO, ANTHONY
Address: 5011 OCEAN BOULEVARD
City-St-Zip: SARASOTA, FL 34242

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 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: KATHLEEN M LONG

MS

01/11/2006

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