2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000010657

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

Current Principal Place of Business:	**New Principal Place of Business:**
5011 OCEAN BOULEVARD SUITE 303 SARASOTA, FL 34242	1076 S TAMIAMI TRAIL OSPREY, FL 34229

Current Mailing Address:	**New Mailing Address:**
5011 OCEAN BOULEVARD SUITE 303 SARASOTA, FL 34242	1076 S TAMIAMI TRAIL OSPREY, FL 34229

FEI Number: 01-0684302   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:	**Name and Address of New Registered Agent:**
LONG, KATHLEEN MARIE 5119 OXFORD DRIVE SARASOTA, FL 34242 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: _____

Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	LONG, KATHLEEN M	Name:	
Address:	5119 OXFORD DRIVE	Address:	
City-St-Zip:	SARASOTA, FL 34242	City-St-Zip:	
Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MARITATO, ANTHONY	Name:	
Address:	5011 OCEAN BOULEVARD	Address:	
City-St-Zip:	SARASOTA, FL 34242	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: KATHLEEN MARIE LONG   MGRM   05/01/2008

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