2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2012
Secretary of State

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Entity Name: THERAPY CONNECTIONS, LLC

Current Principal Place of Business:

4125 N.W. 19TH PLACE
GAINESVILLE, FL 32605

New Principal Place of Business:

Current Mailing Address:

4125 N.W. 19TH PLACE
GAINESVILLE, FL 32605

New Mailing Address:

PO BOX 357490
GAINESVILLE, FL 32635

FEI Number: 54-2065463 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CROWLEY, ALBERT
4125 N.W. 19TH PLACE
GAINESVILLE, FL 32605 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: CROWLEY, ALBERT
Address: 4125 N.W. 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR
Name: CROWLEY, MARGARET S
Address: 4125 N.W. 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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: ALBERT CROWLEY MGRM 01/03/2012

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