

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005024

FILED
Mar 04, 2005
Secretary of State

Entity Name: A+ THERAPY FOR KIDS, L.L.C.

Current Principal Place of Business:

2685 EXECUTIVE PARK DRIVE
SUITE #4
WESTON, FL 33331

New Principal Place of Business:

Current Mailing Address:

15902 S.W. 61ST STREET
DAVIE, FL 33331

New Mailing Address:

FEI Number: 13-4256683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARQUEZ, SUSAN M
15902 S.W. 61ST STREET
DAVIE, FL 33331 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/MEMBERS:

Title: MGR () Delete
Name: PEDI P.T. INC.,
Address: 2685 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

Title: MGR () Delete
Name: PEDITHERAPY INC.,
Address: 2685 EXECUTIVE PARK DRIVE
City-St-Zip: WESTON, FL 33331

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 Section 119.07(3)(i), 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: SUSAN M. MARQUEZ

MGR

03/04/2005

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