

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005992

FILED
Jan 06, 2004
Secretary of State

Entity Name: H.O.P.E. THERAPY SERVICES, LLC

Current Principal Place of Business:

610 DELTONA BLVD
SUITE C
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

610 DELTONA BLVD
SUITE C
DELTONA, FL 32725

New Mailing Address:

FEI Number: 16-1653810 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CARSON, RONALD D
610 DELTONA BLVD
SUITE C
DELTONA, FL 32725 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: CARSON, RONALD D
Address: 610 DELTONA BLVD STE C
City-St-Zip: DELTONA, FL 32725

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: RONALD D. CARSON MGR 01/06/2004

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