

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015614

FILED  
Jul 03, 2007  
Secretary of State

**Entity Name:** THERAPY MANAGEMENT & CONSULTING, LLC

**Current Principal Place of Business:**

222 SOUTH US HWY 1  
TEQUESTA, FL 33469 US

**New Principal Place of Business:**

**Current Mailing Address:**

912 WESTCHESTER WAY  
RICHMOND, KY 40475 US

**New Mailing Address:**

**FEI Number:** 04-3760799 **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:**

JOHNSON, BYRON S  
222 SOUTH US HWY 1  
TEQUESTA, FL 33469 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: MGR ( ) Delete  
Name: JOHNSTON, BYRON S  
Address: 912 WESTCHESTER WAY  
City-St-Zip: RICHMOND, KY 40475 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: BYRON SCOTT JOHNSTON

CEO

07/03/2007

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