

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000015614

FILED
Feb 22, 2011
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:

1219 LEXINGTON RD
SUITE C
RICHMOND, KY 40475 US

New Mailing Address:

FEI Number: 04-3760799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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
Name: JOHNSTON, BYRON S
Address: 1219 LEXINGTON RD, SUITE C
City-St-Zip: RICHMOND, KY 40475 US

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 Statutes.

SIGNATURE: BYRON SCOTT JOHNSTON

PRES

02/22/2011

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