

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056316

FILED
Feb 16, 2007
Secretary of State

Entity Name: FLORIDA THERAPY NETWORK, LLC

Current Principal Place of Business:

1501 MEDITERRANEAN ROAD EAST
LAKE CLARKE SHORES, FL 33406

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 15047
WEST PALM BEACH, FL 33416

New Mailing Address:

FEI Number: 45-0530589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERIALAS-GRADY, SOPHIA
1501 MEDITERRANEAN ROAD EAST
LAKE CLARKE SHORES, FL 33406 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 () Delete
Name: PERIALAS-GRADY, SOPHIA
Address: 1501 MEDITERRANEAN ROAD EAST
City-St-Zip: LAKE CLARKE SHORES, FL 33406

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 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: SOPHIA PERIALAS-GRADY

MGMR

02/16/2007

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