2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L03000056316

Entity Name: FLORIDA THERAPY NETWORK, LLC

Current Principal Place of Business:

1501 MEDITERRANEAN RD E
LAKE CLARKE SHORES, FL 33467

New Principal Place of Business:

6620 LAKE WORTH RD
A
LAKE WORTH, FL 33467

Current Mailing Address:

1501 MEDITERRANEAN RD E
LAKE CLARKE SHORES, FL 33467

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 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 PRES 04/22/2009

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