
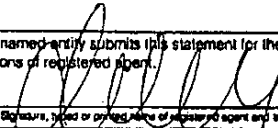
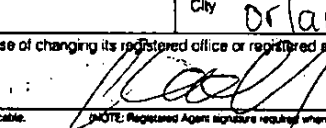
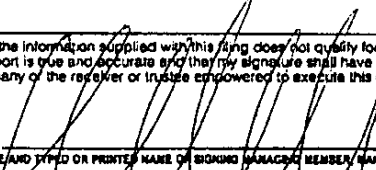
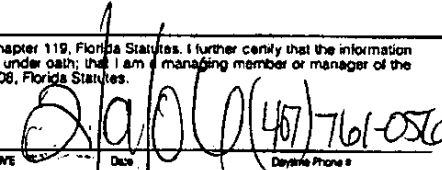


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

01-19-2006 90014 004 ****50.00
L04000071697

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DOCUMENT # L04000071697			
1. Entity Name A. MERIC O'GRADY SPEECH AND LANGUAGE PATHOLOGY, L.L.C.			
Principal Place of Business 1707 WELTIN STREET ORLANDO, FL 32803		Mailing Address 1707 WELTIN STREET ORLANDO, FL 32803	
2. Principal Place of Business 1707 Weltin St Suite, Apt. #, etc.		3. Mailing Address 1707 Weltin St Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32803		Country USA	
4. FEI Number 20-1729159		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required <input type="checkbox"/>	
6. Name and Address of Current Registered Agent O'GRADY, ALISSA M 1707 WELTIN STREET ORLANDO, FL 32803		7. Name and Address of New Registered Agent Name: Alissa M. O'Grady Street Address (P.O. Box Number is Not Acceptable): 1707 Weltin St City: Orlando, FL FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: 		SIGNATURE: 	
Filing Fee is \$50.00 Due by May 1, 2008		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P O'GRADY, MERIC A 1707 WELTIN STREET ORLANDO, FL 32803 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MERIC O'Grady, Alissa M 1707 Weltin St Orlando FL 32803 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of the registrant or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		SIGNATURE: 	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date: 3/27/06 Daytime Phone #	

FILED
 DIVISION OF CORPORATIONS
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