
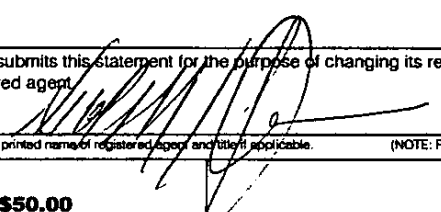


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

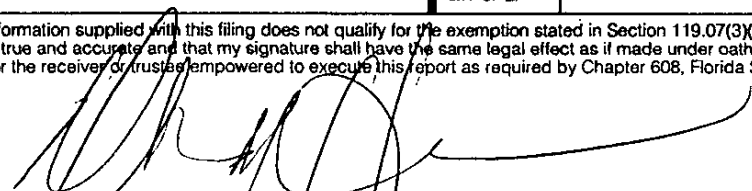
FILED
Jul 01, 2005 8:00 am
Secretary of State

07-01-2005 90065 012 ****55.00

DOCUMENT # L04000077107 1. Entity Name FUNCTION FIRST THERAPY SERVICES, PLLC					
Principal Place of Business 14178 RIVER ROAD, UNIT C PENSACOLA, FL 32507			Mailing Address 14178 RIVER ROAD, UNIT C PENSACOLA, FL 32507		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 418-27-8810	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For <input type="checkbox"/> Not Applicable			
6. Name and Address of Current Registered Agent HUSTON, GARY W 125 W. ROMANA STREET, SUITE 800 PENSACOLA, FL 32502				7. Name and Address of New Registered Agent Name Nicole M. Hughes Street Address (P.O. Box Number is Not Acceptable) 14178 River Rd #C City Pensacola FL Zip Code 32507	
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  (NOTE: Registered Agent signature required when reinstating) DATE 6-27-05					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Owner Nicole Hughes 14178 River Rd #C Pensacola FL 32507	<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
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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 exemption stated in Section 119.07(3)(i), 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

 6-27-05