2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2009
Secretary of State

DOCUMENT# L04000077107

Entity Name: FUNCTION FIRST THERAPY SERVICES, PLLC

Current Principal Place of Business:

14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507

New Principal Place of Business:

Current Mailing Address:

14178 RIVER ROAD, UNIT C
PENSACOLA, FL 32507

New Mailing Address:

FEI Number: 41-8278810 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BARNES, NICOLE M
14178 RIVER RD, # C
PENSACOLA, FL 32507 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: D ( ) Delete
Name: BARNES, NICOLE
Address: 14178 RIVER RD, # C
City-St-Zip: PENSACOLA, FL 32507

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: NICOLE M BARNES MGR 05/05/2009

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