

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081665

FILED
Jul 05, 2006
Secretary of State

Entity Name: CHAPMAN & ASSOCIATES THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

1251 BURGUNDY COURT
OVIEDO, FL 32766

New Principal Place of Business:

3480 RAVENCREEK LANE
OVIEDO, FL 32766

Current Mailing Address:

1251 BURGUNDY COURT
OVIEDO, FL 32766

New Mailing Address:

PO BOX 622437
OVIEDO, FL 32762

FEI Number: 87-0735044 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:

CHAPMAN, ASHLEY B
1251 BURGUNDY COURT
OVIEDO, FL 32766 US

Name and Address of New Registered Agent:

CHAPMAN, ASHLEY B
3480 RAVENCREEK LANE
OVIEDO, FL 32766 US

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: ASHLEY B CHAPMAN

07/05/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CHAPMAN, CALEB S
Address: 1251 BURGUNDY COURT
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CHAPMAN, CALEB S
Address: 3480 RAVENCREEK LANE
City-St-Zip: OVIEDO, FL 32766

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: CALEB S CHAPMAN

MGR

07/05/2006

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