

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081665

FILED
Apr 20, 2009
Secretary of State

Entity Name: CHAPMAN & ASSOCIATES THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765

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 ()

Name and Address of Current Registered Agent:

CHAPMAN, ASHLEY B
561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765 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: CHAPMAN, CALEB S
Address: 561 E MITCHELL HAMMOCK RD, #400
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: CHAPMAN, ASHLEY B
Address: 561 E MITCHELL HAMMOCK RD, #400
City-St-Zip: OVIEDO, FL 32765

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASHLEY CHAPMAN

MGRM

04/20/2009

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