2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

PO BOX 622437
OVIEDO, FL 32762

New Mailing Address:

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:

CHAPMAN, CALEB S
561 E MITCHELL HAMMOCK RD
#400
OVIEDO, FL 32765 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: CALEB S CHAPMAN 04/09/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

I hereby 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 Statues.

SIGNATURE: CALEB S CHAPMAN MGRM 04/09/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date