# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 14, 2005**
**Secretary of State**

DOCUMENT# L04000088496

**Entity Name:** PEDIATRIC THERAPY SERVICES OF GREATER ORLANDO, LLC

**Current Principal Place of Business:**

4814 WINGROVE ROAD
ORLANDO, FL 32819

**New Principal Place of Business:**

1002 SOUTH DILLARD ST.
SUITE 106
WINTER GARDEN, FL 34787

**Current Mailing Address:**

4814 WINGROVE ROAD
ORLANDO, FL 32819

**New Mailing Address:**

5036 DR.PHILLIPS BLVD
#364
ORLANDO, FL 32819

**FEI Number: 20-1990437** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASMA, WILLIAM N P.A.
884 SOUTH DILLARD STREET
WINTER GARDEN, FL 34787 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/MEMBERS:**

Title: MGR ( ) Delete
Name: WOOTEN, JAN L
Address: 4814 WINGROVE BLVD
City-St-Zip: ORLANDO, FL 32819

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition
Name: WOOTEN, HOBART E
Address: 4814 WINGRROVE BLVD
City-St-Zip: ORLANDO, FL 32819

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HOBART E WOOTEN MGR 03/14/2005

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