

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000088496

FILED
Apr 28, 2009
Secretary of State

Entity Name: PEDIATRIC THERAPY SERVICES OF GREATER ORLANDO, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

5036 DR.PHILLIPS BLVD
#364
ORLANDO, FL 32819

New Mailing Address:

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/MANAGERS:

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

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

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: HOBART WOOTEN

MRG

04/28/2009

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