

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093291

FILED  
Mar 26, 2011  
Secretary of State

**Entity Name:** SPEECH THERAPY SERVICES, LLC

**Current Principal Place of Business:**

2160 ARIELLE DRIVE #602  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

2160 ARIELLE DRIVE #602  
NAPLES, FL 34109

**New Mailing Address:**

FEI Number: 20-1985114

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WHALEN, SHERRY  
2160 ARIELLE DRIVE #602  
NAPLES, FL 34109 US

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

WHALEN, SHERRY L  
2160 ARIELLE DRIVE #602  
NAPLES, FL 34109 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: SHERRY L. WHALEN

03/26/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WHALEN, SHERRY  
Address: 2160 ARIELLE DRIVE #602  
City-St-Zip: NAPLES, FL 34109

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 Statutes.

SIGNATURE: SHERRY L. WHALEN

MGR

03/26/2011

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