

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000028020

FILED
Jan 24, 2009
Secretary of State

Entity Name: ADULTS TO PEDIATRICS THERAPY LLC

Current Principal Place of Business:

643 WOODGATE LANE
SUNRISE, FL 33326

New Principal Place of Business:

10083 NW 53RD COURT
CORAL SPRINGS, FL 33076

Current Mailing Address:

643 WOODGATE LANE
SUNRISE, FL 33326

New Mailing Address:

10083 NW 53RD COURT
CORAL SPRINGS, FL 33076

FEI Number: 73-1732952

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRULLON-COLON, AILEEN
643 WOODGATE LANE
SUNRISE, FL 33326 US

Name and Address of New Registered Agent:

GRULLON-COLON, AILEEN
10083 NW 53RD COURT
CORAL SPRINGS, FL 33076 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: AILEEN GRULLON-COLON

01/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GRULLON-COLON, AILEEN
Address: 643 WOODGATE LANE
City-St-Zip: SUNRISE, FL 33326

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GRULLON-COLON, AILEEN
Address: 10083 NW 53RD COURT
City-St-Zip: CORAL SPRINGS, FL 33076

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: AILEEN GRULLON-COLON

SLP

01/24/2009

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