

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000028020

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** ADULTS TO PEDIATRICS THERAPY LLC

**Current Principal Place of Business:**

13728 NW 22 PLACE  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

13728 NW 22 PLACE  
SUNRISE, FL 33323

**New Mailing Address:**

**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  
10083 NW 53RD COURT  
CORAL SPRINGS, FL 33076 US

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

GRULLON-COLON, AILEEN  
13728 NORTHWEST 22 PLACE  
SUNRISE, FL 33323 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

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRULLON-COLON, AILEEN  
Address: 13728 NW 22 PLACE  
City-St-Zip: SUNRISE, FL 33323

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: AILEEN GRULLON-COLON

MGRM

01/05/2012

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