

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000042964

**FILED**  
**Apr 12, 2010**  
**Secretary of State**

**Entity Name:** THERAPEUTIC ASSOCIATES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

2100 W. 76TH STREET, SUITE 407  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2100 W. 76TH STREET, SUITE 407  
HIALEAH, FL 33016

**New Mailing Address:**

**FEI Number:** 51-0565447

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POWER, LYDIA  
2100 W. 76TH STREET, SUITE 407  
HIALEAH, FL 33016 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: MGRM  
Name: POWER, LYDIA  
Address: 2100 W. 76TH STREET, SUITE 407  
City-St-Zip: HIALEAH, FL 33016

Title: MGR  
Name: AVILA, OSVALDO  
Address: 2100 W. 76TH STREET, SUITE 407  
City-St-Zip: HIALEAH, FL 33016

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: LYDIA POWER

MGRM

04/12/2010

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