

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054247

Entity Name: THERAPY SOLUTIONS, LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

1101 N. CONGRESS AVE., SUITE 208
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

1101 N. CONGRESS AVE., SUITE 208
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 03-0562586

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALOMONI, CHRISTOPHER V
REHAB SOLUTIONS, LLC
1101 N. CONGRESS AVE., SUITE 208
BOYNTON BEACH, FL 33426 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 () Delete
Name: SALOMONI, CHRISTOPHER V
Address: 2585 SW 14TH ST
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGRM () Delete
Name: KELLY, KAY
Address: 7066 MICHIGAN ISLE ROAD
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SALOMONI, CHRISTOPHER V
Address: 1101 N. CONGRESS AVE, STE 208
City-St-Zip: BOYNTON BEACH, FL 33426 US

Title: MGRM (X) Change () Addition
Name: KELLY, KAY
Address: 1101 N. CONGRESS AVE, STE 208
City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER V. SALOMONI

MGR

04/18/2006

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