

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000064919

FILED
Jun 19, 2009
Secretary of State

Entity Name: TREASURE COAST SPEECH-LANGUAGE PATHOLOGY LLC

Current Principal Place of Business:

9652 SW GRANADA CT.
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

9652 SW GRANADA CT.
PALM CITY, FL 34990

New Mailing Address:

FEI Number: 56-2519611 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LOHSE, KIMBERLY J
9652 SW GRANADA CT.
PALM CITY, FL 34990 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: MGR () Delete
Name: LOHSE, KIMBERLY J
Address: 9652 SW GRANADA CT.
City-St-Zip: PALM CITY, FL 34990

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Delete
Name: LOHSE, NICHOLAS K
Address: 9652 SW GRANADA CT.
City-St-Zip: PALM CITY, FL 34990

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KIMBERLY J LOHSE

MGR

06/19/2009

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