# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jul 23, 2006**
**Secretary of State**

DOCUMENT# L05000080565

**Entity Name:** MEDICAL HOME THERAPY, LLC

**Current Principal Place of Business:**

3746 OLD LIGHTHOUSE CIR.
WELLINGTON, FL 33414

**New Principal Place of Business:**

**Current Mailing Address:**

3746 OLD LIGHTHOUSE CIR.
WELLINGTON, FL 33414

**New Mailing Address:**

**FEI Number: 51-0556657** **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:**

GROHOLSKI MOT, AL
3746 OLD LIGHTHOUSE CIR.
WELLINGTON, FL 33414 US

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

GROHOLSKI, AL MOT
3746 OLD LIGHTHOUSE CIR.
WELLINGTON, FL 33414 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: AL GROHOLSKI MOT 07/23/2006
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete
Name: GROHOLSKI MOT, AL
Address: 3746 OLD LIGHTHOUSE CIR.
City-St-Zip: WELLINGTON, FL 33414

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: GROHOLSKI, AL MOT
Address: 3746 OLD LIGHTHOUSE CIR.
City-St-Zip: WELLINGTON, FL 33414

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: AL GROHOLSKI MOT MGR 07/23/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date