

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000107511

Entity Name: SUPREME THERAPY, LLC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

770 KEENELAND PIKE
LAKE MARY, FL 32746 US

New Principal Place of Business:

Current Mailing Address:

770 KEENELAND PIKE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 20-3784713

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLAESSENS, JOANNES M
770 KEENELAND PIKE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CLAESSENS, JON M
770 KEENELAND PIKE
LAKE MARY, FL 32746 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: JON CLAESSENS

01/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CLAESSENS, JOANNES M
Address: 770 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM () Delete
Name: DERVEAUX, MARTINE H
Address: 770 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CLAESSENS, JON M
Address: 770 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746 US

Title: MGRM (X) Change () Addition
Name: CLAESSENS-DERVEAUX, MARTINE H
Address: 770 KEENELAND PIKE
City-St-Zip: LAKE MARY, FL 32746 US

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: JON CLAESSENS

MMBR

01/19/2009

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