

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 21, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # L05000110930**

1. Entity Name  
**THERAPY PROPERTIES, LLC**



Principal Place of Business  
**502 NORTH MACARTHUR AVE  
PANAMA CITY, FL 32401**

Mailing Address  
**621 NORTH MARTIN LUTHER KING  
PANAMA CITY, FL 32401**

**DO NOT WRITE IN THIS SPACE**



02022007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-3858236**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAMIREZ, JESUS M M.D.  
211 S. COVE TERRACE DRIVE  
PANAMA CITY, FL 32401**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	RAMIREZ, JESUS M M.D.
STREET ADDRESS	211 S. COVE TERRACE DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32401
TITLE	MGRM
NAME	WONG, LARRY T D.O.
STREET ADDRESS	2900 TUPELO DRIVE
CITY-ST-ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000642478  
03/01/07-80045-012 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*Jesus Ramirez*

Date

*2/16/07*

Daytime Phone #