

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019588

**FILED**  
**Mar 11, 2007**  
**Secretary of State**

**Entity Name:** PROGRESSIVE PEDIATRIC THERAPY SERVICES, PLC

**Current Principal Place of Business:**

6065 FLINTLOCK LOOP  
TALLAHASSEE, FL 32311

**New Principal Place of Business:**

1915 WELBY WAY  
SUITE 5  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

6065 FLINTLOCK LOOP  
TALLAHASSEE, FL 32311

**New Mailing Address:**

1915 WELBYWAY  
SUITE 5  
TALLAHASSEE, FL 32308

**FEI Number:** 04-3845014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMITH, TAMMY R  
6065 FLINTLOCK LOOP  
TALLAHASSEE, FL 32311 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MS ( ) Change (X) Addition  
Name: SMITH, TAMMY R  
Address: 6065 FLINTLOCK LOOP  
City-St-Zip: TALLAHASSEE, FL 32311

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:** TAMMY SMITH

OWNE

03/11/2007

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