

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000019588

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1915 WELBY WAY  
SUITE 5  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1915 WELBY WAY  
SUITE 5  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 04-3845014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH, TAMMY R  
5470 DAYFLOWER CIRCLE  
TALLAHASSEE, FL 32311 US

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

MCKENZIE, TAMMY R  
5470 DAYFLOWER CIRCLE  
TALLAHASSEE, FL 32311 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: TAMMY MCKENZIE

01/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MMBR  
Name: MCKENZIE, TAMMY R  
Address: 5470 DAYFLOWER CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32311

I hereby 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 MCKENZIE

MMBR

01/11/2012

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