

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042001

**FILED**  
**Mar 31, 2009**  
**Secretary of State**

**Entity Name:** UNITED THERAPISTS OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

1061 W. OAKLAND PARK BLVD.  
STE. #118  
OAKLAND PARK, FL 33311 US

**New Principal Place of Business:**

120 E. OAKLAND PARK BLVD.  
STE. #102  
WILTON MANORS, FL 33334 US

**Current Mailing Address:**

P.O. BOX 5643  
FT. LAUDERDALE, FL 33310 US

**New Mailing Address:**

**FEI Number:** 33-1137130      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MANNS, ALONSO T  
8060 COLONY CIRCLE N.  
#108  
TAMARAC, FL 33321 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: MGR ( ) Delete  
Name: MANNS, ALONSO T  
Address: 8060 COLONY CIRCLE N., #108  
City-St-Zip: TAMARAC, FL 33321 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ALONSO T MANNS, LMFT

MGR

03/31/2009

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