

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000055981

FILED
Jul 26, 2007
Secretary of State

Entity Name: KIDS THERAPY SERVICES, LLC

Current Principal Place of Business:

2761 VERANDAH VUE WAY
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 92863
LAKELAND, FL 33804

New Mailing Address:

FEI Number: 20-4986490 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

INGALLA, ALBERTO
2761 VERANDAH VUE WAY
LAKELAND, FL 33813 US

Name and Address of New Registered Agent:

INGALLA, ALBERTO V
2761 VERANDAH VUE WAY
LAKELAND, FL 33813 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: ALBERTO V INGALLA

07/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: INGALLA, ALBERT
Address: P. O. BOX 92863
City-St-Zip: LAKELAND, FL 33804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: INGALLA, ALBERTO V
Address: P. O. BOX 92863
City-St-Zip: LAKELAND, FL 33804

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: ALBERTO V INGALLA

MGR

07/26/2007

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