2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L06000067361

Entity Name: LOGICAL THERAPY, LLC

Current Principal Place of Business:

555 W GRANADA BLVD.
D-9
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

226 N. NOVA ROAD #384
ORMOND BEACH, FL 32174

New Mailing Address:

555 W GRANADA BLVD.
D-9
ORMOND BEACH, FL 32174

FEI Number: 26-1558429 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

P & D MANAGEMENT, LLC
1655 N. CLYDE MORRIS BLVD.
STE 1
DAYTONA BEACH, FL 32117 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: NOILES, DANIEL A
Address: 69 EMERALD OAKS LN
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: NOILES, DANIEL A
Address: 226 N. NOVA RD., #384
City-St-Zip: ORMOND BEACH, FL 32174

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: DANIEL A. NOILES MGR 03/11/2009

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