2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

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Entity Name: LIBERTY THERAPY SERVICES, LLC

Current Principal Place of Business:

8256 99TH COURT
VERO BEACH, FL 32967

New Principal Place of Business:

8356 99TH COURT
VERO BEACH, FL 32967

Current Mailing Address:

8256 99TH COURT
VERO BEACH, FL 32967

New Mailing Address:

8356 99TH COURT
VERO BEACH, FL 32967

FEI Number: 20-5159662 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MASTERS, DONALD
8256 99TH COURT
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

MASTERS, DONALD
8356 99TH COURT
VERO BEACH, FL 32967 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: 01/03/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MASTERS, DONALD
Address: 8256 99TH COURT
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM ( ) Delete
Name: MASTERS, CHRISTINE
Address: 8256 99TH COURT
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MASTERS, DONALD
Address: 8356 99TH COURT
City-St-Zip: VERO BEACH, FL 32967

Title: MGRM (X) Change ( ) Addition
Name: MASTERS, CHRISTINE
Address: 8356 99TH COURT
City-St-Zip: VERO BEACH, FL 32967

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: DONALD MASTERS MGRM 01/03/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date