


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000071293</b> 1. Entity Name FLORIDA THERAPY PROFESSIONALS, LLC	
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Principal Place of Business  
1091 KELTON AVENUE  
OCOE, FL 34761

Mailing Address  
1091 KELTON AVENUE  
OCOE, FL 34761



01112008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>20-5233151</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

BOYLES, WILLIAM A  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOVEY, PATTI 1091 KELTON AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT PARKER, SHELBY 1091 KELTON AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HELSEL, JOHN 1091 KELTON AVE OCOE, FL 34761
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000798412  
01/29/08-80033-005 138.75

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SHELBY PARKER 1/11/08 407-420-2090  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #