

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071293

FILED
Mar 09, 2009
Secretary of State

Entity Name: FLORIDA THERAPY PROFESSIONALS, LLC

Current Principal Place of Business:

1091 KELTON AVENUE
OCOE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1091 KELTON AVENUE
OCOE, FL 34761

New Mailing Address:

FEI Number: 20-5233151

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOYLES, WILLIAM A
301 E. PINE STREET, SUITE 1400
ORLANDO, FL 32801 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: D () Delete
Name: HOVEY, PATTI
Address: 1091 KELTON AVE
City-St-Zip: OCOE, FL 34761

Title: PT () Delete
Name: PARKER, SHELBY
Address: 1091 KELTON AVE
City-St-Zip: OCOE, FL 34761

Title: VS () Delete
Name: HELSEL, JOHN
Address: 1091 KELTON AVE
City-St-Zip: OCOE, FL 34761

ADDITIONS/CHANGES:

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

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

Title: S (X) Change () Addition
Name: SWAN-CLARK, CATHERINE
Address: 1091 KELTON AVE
City-St-Zip: OCOE, FL 34761

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: SHELBY PARKER

PT

03/09/2009

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