2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# L06000071293

Entity Name: FLORIDA THERAPY PROFESSIONALS, LLC

Current Principal Place of Business:

1091 KELTON AVENUE
OCOEE, FL 34761

New Principal Place of Business:

Current Mailing Address:

1091 KELTON AVENUE
OCOEE, 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
Name: HOVEY, PATTI
Address: 1091 KELTON AVE
City-St-Zip: OCOEE, FL 34761

Title: PT
Name: PARKER, SHELBY
Address: 1091 KELTON AVE
City-St-Zip: OCOEE, FL 34761

Title: S
Name: SWAN-CLARK, CATHERINE
Address: 1091 KELTON AVE
City-St-Zip: OCOEE, FL 34761

I hereby 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 Statues.

SIGNATURE: SHELBY PARKER D 02/16/2010

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