

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071293

FILED
Feb 28, 2011
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:

PARKER, SHELBY T
4875 CASON COVE DRIVE
ORLANDO, FL 32811 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: SHELBY T PARKER

02/28/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: PARKER, SHELBY T
Address: 4875 CASON COVE DRIVE
City-St-Zip: ORLANDO, FL 32811 US

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 Statutes.

SIGNATURE: SHELBY T PARKER

MGR

02/28/2011

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