2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# L06000072838

Entity Name: ABILITIES THERAPY PROFESSIONALS LLC

Current Principal Place of Business:

15333 SW 32 TERRACE
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

15333 SW 32 TERRACE
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-5246538 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MENDOZA, CANDIDA L
15333 SW 32ND TERRACE
MIAMI, FL 33185 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: MGRM ( ) Delete
Name: MENDOZA, CANDIDA L
Address: 15333 SW 32ND TERRACE
City-St-Zip: MIAMI, FL 33185

ADDITIONS/CHANGES:

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

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: CANDIDA L MENDOZA MGRM 04/14/2009

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