

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000077468

FILED  
Mar 20, 2009  
Secretary of State

**Entity Name:** LIGHTHOUSE THERAPY ASSOCIATES, LLC

**Current Principal Place of Business:**

151 EAST WASHINGTON STREET STE 421  
ORLANDO, FL 32801

**New Principal Place of Business:**

13712 AMELIA POND DRIVE  
WINDERMERE, FL 34786

**Current Mailing Address:**

PO BOX 784341  
WINTER GARDEN, FL 34778

**New Mailing Address:**

**FEI Number:** 22-3939853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SPIEGEL & UTRERA PA  
1840 SOUTHWEST 22 STREET 4TH FLOOR  
MIAMI, FL 33145 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: MGRS ( ) Delete  
Name: SOBRAL, ELIANA C  
Address: PO BOX 784341  
City-St-Zip: WINTER GARDEN, FL 34778

Title: MGRT ( ) Delete  
Name: SOBRAL, THIAGO C  
Address: PO BOX 784341  
City-St-Zip: WINTER GARDEN, FL 34778

**ADDITIONS/CHANGES:**

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

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: ELIANA SOBRAL

MGRS

03/20/2009

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