

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082081

Entity Name: A THERAPY PLACE, LLC

FILED
Jul 09, 2008
Secretary of State

Current Principal Place of Business:

1414 GAY ROAD
SUITE 205
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

1414 GAY ROAD
SUITE 205
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 86-1177267 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MERCER, MICHELE A
1414 GAY ROAD
SUITE 203
WINTER PARK, FL 32789 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GUSTAFSON, SARA
Address: 1414 GAY ROAD, SUITE 206
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: HAHN, JENNIFER
Address: 1414 GAY ROAD, SUITE 205
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM () Delete
Name: MERCER, MICHELE A
Address: 1414 GAY ROAD, SUITE 203
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

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

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: JENNIFER HAHN

MGRM

07/09/2008

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