2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 16, 2007
Secretary of State

DOCUMENT# L06000097700

Entity Name: THE THERAPY CENTER OF BRANDON LLC

Current Principal Place of Business:

710 OAKFIELD DRIVE
SUITE 159
BRANDON, FL 33511 US

New Principal Place of Business:

6338 U. S. HWY 301 SOUTH
RIVERVIEW, FL 33569 US

Current Mailing Address:

710 OAKFIELD DRIVE
SUITE 159
BRANDON, FL 33511 US

New Mailing Address:

6338 U. S. HWY 301 SOUTH
RIVERVIEW, FL 33569 US

FEI Number: 20-5677671 **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:

PORTER, RONDA E
710 OAKFIELD DRIVE
SUITE 159
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

PORTER, RONDA E
6338 U. S. HWY 301 SOUTH
RIVERVIEW, FL 33569 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: _____ 08/16/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PORTER, RONDA E
Address: 710 OAKFIELD DRIVE, #159
City-St-Zip: BRANDON, FL 33511 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PORTER, RONDA E
Address: 6338 U. S. HWY 301 SOUTH
City-St-Zip: RIVERVIEW, FL 33569 US

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: RONDA PORTER MGRM 08/16/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date