

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102755

FILED
Apr 15, 2009
Secretary of State

Entity Name: PROFESSIONAL THERAPEUTIC CARE CENTER, LLC.

Current Principal Place of Business:

7448 ALOMA AVE.
SUITE # 2
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

460 SHORT PINE CIRCLE
ORLANDO, FL 32807 US

New Mailing Address:

5261 SHORELINE CIRCLE
SANFORD, FL 32771 US

FEI Number: 20-5767155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRES, MARIEL L
460 SHORT PINE CIRCLE
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

TORRES, MARIEL L
5261 SHORELINE CIRCLE
SANFORD, FL 32771 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:

04/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: TORRES, MARIEL L
Address: 460 SHORT PINE CIRCLE
City-St-Zip: ORLANDO, FL 32807 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TORRES, MARIEL L
Address: 5261 SHORELINE CIRCLE
City-St-Zip: SANFORD, FL 32771 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: MARIEL L. TORRES

MGR

04/15/2009

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