

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110659

FILED
Mar 28, 2007
Secretary of State

Entity Name: FOUNDATIONS THERAPY OF TAMPA BAY, L.L.C.

Current Principal Place of Business:

2759 STATE ROAD 580
SUITE 112
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

2759 STATE ROAD 580
SUITE 112
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 20-5901049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FREEBORN, ALISON K
360 MONROE STREET
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

WILLIAM, PERRY S
2759 SR 580
STE 112
CLEARWATER, FL 33761 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: WILLIAM S. PERRY

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DODSON SMITH, STEPHANIE
Address: 1545 WILLOW BROOK DRIVE
City-St-Zip: PALM HARBOR, FL 34683

Title: MGRM () Delete
Name: PERRY, AMY L
Address: 2009 SCOTLAND DRIVE
City-St-Zip: CLEARWATER, FL 33763

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 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: AMY L. PERRY

MGRM

03/28/2007

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