

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117557

Entity Name: A.T.P. THERAPIES, LLC

FILED
Apr 21, 2010
Secretary of State

Current Principal Place of Business:

6714 NW 16TH ST
SUITE F
GAINESVILLE, FL 32653 US

New Principal Place of Business:

Current Mailing Address:

6714 NW 16TH ST
SUITE F
GAINESVILLE, FL 32653 US

New Mailing Address:

FEI Number: 74-3196900

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALMER, AARON
6714 NW 16TH ST
SUITE F
GAINESVILLE, FL 32653 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: MGRM
Name: PALMER, AARON T
Address: 6714 NW 16TH ST. SUITE F
City-St-Zip: GAINESVILLE, FL 32653 US

I hereby 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: AARON PALMER

MGRM

04/21/2010

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