

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000010369

Entity Name: FLM THERAPY, LLC

FILED  
Jan 31, 2009  
Secretary of State

## Current Principal Place of Business:

2840 ALOMA LAKE RUN  
OVIEDO, FL 32765

## New Principal Place of Business:

677 BARRINGTON CIRCLE  
WINTER SPRINGS, FL 32708

## Current Mailing Address:

2840 ALOMA LAKE RUN  
OVIEDO, FL 32765

## New Mailing Address:

677 BARRINGTON CIRCLE  
WINTER SPRINGS, FL 32708

FEI Number: 20-8616595

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCNEILL, FRANCINE  
2840 ALOMA LAKE RUN  
OVIEDO, FL 32765 US

## Name and Address of New Registered Agent:

MCNEILL, FRANCINE  
677 BARRINGTON CIRCLE  
WINTER SPRINGS, FL 32708 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:

01/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: MCNEILL, FRANCINE  
Address: 2840 ALOMA LAKE RUN  
City-St-Zip: OVIEDO, FL 32765

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: MCNEILL, FRANCINE  
Address: 677 BARRINGTON CIRCLE  
City-St-Zip: WINTER SPRINGS, FL 32708

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: FRANCINE MCNEILL

MM

01/31/2009

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