2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# L07000022887

Entity Name: SLG THERAPY, LLC

Current Principal Place of Business:

12147 BISHOPSFORD DRIVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12147 BISHOPSFORD DRIVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-8539325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GAD, JEFFREY M
401 EAST JACKSON STREET
SUITE # 1700
TAMPA, FL 33602 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: JEFFREY M. GAD 03/05/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: GAD, STACY L
Address: 12147 BISHOPSFORD DRIVE
City-St-Zip: TAMPA, FL 33626 US

Title: T ( ) Change (X) Addition
Name: GAD, JEFFREY M
Address: 12147 BISHOPSFORD DRIVE
City-St-Zip: TAMPA, FL 33626

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: STACY L. GAD MGR 03/05/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date