

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000023366

FILED
Jan 10, 2009
Secretary of State

Entity Name: COLLABORATIVE THERAPEUTIC SERVICES, LLC

Current Principal Place of Business:

101 AMERICAN CENTER PLACE STE 203
TAMPA, FL 33619 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 17112
TAMPA, FL 33682

New Mailing Address:

FEI Number: 75-3234092

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAINTIL, ERIN
101 AMERICAN CENTER PLACE STE 203
TAMPA, FL 33619 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 () Delete
Name: MAGLIONE-BASHER, DANIELLA
Address: 10023 KENDA DRIVE
City-St-Zip: RIVERVIEW, FL 33578 US

Title: MGRM (X) Delete
Name: D'AVANZO, ERIN
Address: 5430 CARROLWOOD KEY DRIVE
City-St-Zip: TAMPA, FL 33624 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SAINTIL, ERIN
Address: PO BOX 17112
City-St-Zip: TAMPA, FL 33682 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ERIN SAINTIL

MGRM

01/10/2009

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