

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039454

FILED
Apr 27, 2008
Secretary of State

Entity Name: SPEECH EASE THERAPY, LLC.

Current Principal Place of Business:

860 NW 22ND AVENUE
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

Current Mailing Address:

860 NW 22ND AVENUE
DELRAY BEACH, FL 33445 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HENSON, JANICEANN C
860 NW 22ND AVENUE
DELRAY BEACH, FL 33445 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: HENSON, JANICEANN C
Address: 860 NW 22ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33445 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HENSON, JANICE C
Address: 860 NW 22ND AVENUE
City-St-Zip: DELRAY BEACH, FL 33445 US

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: JANICE C HENSON

MGRM

04/27/2008

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