

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040658

FILED
Apr 29, 2009
Secretary of State

Entity Name: DIRECT THERAPY SERVICES, LLC

Current Principal Place of Business:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Principal Place of Business:

Current Mailing Address:

10387 MAIN STREET
SUITE 200
FAIRFAX, VA 22030

New Mailing Address:

FEI Number: 20-8865103 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, BRIAN M
12027 WHITMARSH LANE
TAMPA, FL 33626 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: MMBR () Delete
Name: ALLIANCE FOUNDATION OF FLORIDA, INC
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

ADDITIONS/CHANGES:

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: ROBERT P HOSTLER PRES 04/29/2009

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