

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000040658

FILED
Apr 28, 2011
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 (X)

Name and Address of Current Registered Agent:

ROSS, BRIAN M
5010 W. CARMEN STREET
SUITE 2602
TAMPA, FL 33609 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
Name: ALLIANCE FOUNDATION OF FLORIDA, INC
Address: 10387 MAIN STREET; SUITE 200
City-St-Zip: FAIRFAX, VA 22030

I hereby 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: ALLIANCE FOUNDATION OF FLORIDA, INC

MMBR

04/28/2011

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