

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000040658

**FILED**  
**Apr 24, 2012**  
**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:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030

**Current Mailing Address:**

10387 MAIN STREET  
SUITE 200  
FAIRFAX, VA 22030

**New Mailing Address:**

3989 CHAIN BRIDGE ROAD  
FAIRFAX, VA 22030

**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:** 3989 CHAIN BRIDGE ROAD  
**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: JIM S. PURDUM

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04/24/2012

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