2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000073614

FILED Jun 17, 2008 Secretary of State

Entity Name: THERAPISTS ALLIANCE FOR LANGUAGE AND KNOWLEDGE L L C

Current Principal Place of Business: New Principal Place of Business: 3709 W. HAMILTON AVE STE 2 TAMPA, FL 33614 **Current Mailing Address: New Mailing Address:** 3709 W. HAMILTON AVE STE 2 TAMPA, FL 33614 FEI Number: 26-0521863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TESTA, PHILIP J SR 47-26 B. N. LOIS AVENUE TAMPA, FL 33614 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete JMB SPEECH/LANGUAGE, PATHOLOGY SER I NO Name: Name: 3709 W. HAMILTON AVE STE 2 Address: Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition FEIN, MARGARET Name: Name: Address: 2510 W WATERS AVE Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: Title: MGRM () Delete Title: MGRM (X) Change () Addition GILDAR ENID & ASSOCI, ATES INC GILDAR & ASSOCIATES, INC Name: Name: 8019 N HIMES AVENUE Address: 8019 N HIMES AVENUE Address: City-St-Zip: TAMPA, FL 33614 City-St-Zip: TAMPA, FL 33614 Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: HUMPHREY, MARY Name: SKOTKO, JANET 19007 BRUCE B DOWN BLVD Address: Address: 722 W. DR. MLK BLVD City-St-Zip: TAMPA, FL 33647 City-St-Zip: TAMPA, FL 33603 US Title: MGRM () Delete Title: MGRM (X) Change () Addition JONES & LORRAINNE &, ASSOCIATES INC KID PRO, INC, Name: Name: 16546 N. DALE MABRY HWY 16546 N. DALE MABRY HWY Address: Address: City-St-Zip: TAMPA, FL 33624 City-St-Zip: TAMPA, FL 33624 Title: () Delete Title: () Change () Addition CHILDRENS CHOICE FOR, THEAPY INC. Name: Name: Address: 6924 W LINEBAUGH AVENUE Address: **TAMPA, FL 33625** City-St-Zip: 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: JEANNE BARTH MGRM 06/17/2008