

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076082

FILED
Feb 26, 2009
Secretary of State

Entity Name: CHILDREN'S AUTISM TREATMENT SPECIALISTS, LLC.

Current Principal Place of Business:

18070 S. TAMiami TRAIL UNIT 16
FT MYERS, FL 33957

New Principal Place of Business:

18070 S. TAMiami TRAIL
UNIT 16
FT MYERS, FL 33908

Current Mailing Address:

18070 S. TAMiami TRAIL UNIT 16
FT MYERS, FL 33957

New Mailing Address:

18070 S. TAMiami TRAIL
UNIT 16
FT MYERS, FL 33908

FEI Number: 51-0645680

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'SULLIVAN, LAURA P
18070 S. TAMiami TRAIL UNIT 16
FORT MYERS, FL 33908 US

Name and Address of New Registered Agent:

O'SULLIVAN, LAURA P
18070 S. TAMiami TRAIL
UNIT 16
FORT MYERS, FL 33908 US

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:

02/26/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'SULLIVAN, DR LAURA P
Address: 1052 WHISPERWOOD WAY
City-St-Zip: SANIBEL, FL 33957

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: LAURA P. O'SULLIVAN

MGR.

02/26/2009

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