2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L07000106437

Entity Name: ADVANCED THERAPY & BEYOND, LLC

Current Principal Place of Business:

809 E. OAK ST.
106
KISSIMMEE, FL 34744

New Principal Place of Business:

Current Mailing Address:

809 E. OAK ST.
106
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 03-0475219 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

APONTE, CARMEN J
5251 MILL STREAM CT
ST. CLOUD, FL 34771 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:	MGR	( ) Delete
Name:	APONTE, CARMEN J	
Address:	5252 MILL STREAM CT.	
City-St-Zip:	ST. CLOUD, FL 34771	
Title:	MGRM	(X) Delete
Name:	RODRIGUEZ, YOLANDA E	
Address:	2120 MAJESTIC EAGLE PL	
City-St-Zip:	KISSIMMEE, FL 34746	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: CARMEN J APONTE MGR 04/09/2009

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