

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114268

FILED  
Feb 04, 2008  
Secretary of State

**Entity Name:** INTEGRATED CHILDREN'S THERAPY, LLC

**Current Principal Place of Business:**

3828 CORAL WAY, SUITE 103  
MIAMI, FL 33145

**New Principal Place of Business:**

2828 CORAL WAY, SUITE 103  
MIAMI, FL 33145

**Current Mailing Address:**

915 8TH STREET #206  
MIAMI BEACH, FL 33139

**New Mailing Address:**

2828 CORAL WAY, SUITE 103  
MIAMI, FL 33145

**FEI Number:** 14-2012190

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ALVAREZ, AMANDA  
915 8TH STREET #206  
MIAMI BEACH, FL 33139 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: MGRM ( ) Delete  
Name: AMANDA ALVAREZ, M.S., , CCC-SLP, INC .  
Address: 915 8TH STREET #206  
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM ( ) Delete  
Name: VERONICA CABRERA, OT, R/L, P.A.  
Address: 10430 SW 19TH STREET  
City-St-Zip: MIAMI, FL 33165

Title: MGRM ( ) Delete  
Name: BERTA M. CAMPA, M.O., T., OTR/L INC.  
Address: 846 LENOX AVENUE #209  
City-St-Zip: MIAMI BEACH, FL 33139

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: AMANDA ALVAREZ

SLP

02/04/2008

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