

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114268

FILED
Jan 27, 2009
Secretary of State

Entity Name: INTEGRATED CHILDREN'S THERAPY, LLC

Current Principal Place of Business:

2828 CORAL WAY, SUITE 103
MIAMI, FL 33145

New Principal Place of Business:

Current Mailing Address:

2828 CORAL WAY, SUITE 103
MIAMI, FL 33145

New Mailing Address:

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:

ALVAREZ, AMANDA
915 8TH STREET #105
MIAMI BEACH, FL 33139 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: AMANDA ALVAREZ

01/27/2009

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: MGRM (X) Change () Addition
Name: AMANDA ALVAREZ, M.S., , CCC-SLP, INC .
Address: 915 8TH STREET #105
City-St-Zip: MIAMI BEACH, FL 33139

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

01/27/2009

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