2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# L08000024600

Entity Name: JOY OF THERAPY, P.L.L.C.

Current Principal Place of Business:

3725 LONGFELLOW ROAD
TALLAHASSEE, FL 32311

New Principal Place of Business:

Current Mailing Address:

3725 LONGFELLOW ROAD
TALLAHASSEE, FL 32311

New Mailing Address:

FEI Number: 38-3775207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, JOY
3725 LONGFELLOW ROAD
TALLAHASSEE, FL 32311 US

Name and Address of New Registered Agent:

SMITH, JOY D
3725 LONGFELLOW ROAD
TALLAHASSEE, FL 32311 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: JOY D. SMITH 03/10/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: SMITH, JOY
Address: 3725 LONGFELLOW ROAD
City-St-Zip: TALLAHASSEE, FL 32311

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: SMITH, JOY D
Address: 3725 LONGFELLOW ROAD
City-St-Zip: TALLAHASSEE, FL 32311

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: JOY D. SMITH MGR 03/10/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date