

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000029203

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** MS. COURTNEY'S THERAPY SERVICES, L.L.C.

**Current Principal Place of Business:**

2751 EXECUTIVE PARK DR.  
SUITE 202  
WESTON, FL 33326

**New Principal Place of Business:**

2833 EXECUTIVE PARK DR.  
SUITE 300  
WESTON, FL 33331

**Current Mailing Address:**

2751 EXECUTIVE PARK DR.  
SUITE 202  
WESTON, FL 33326

**New Mailing Address:**

2833 EXECUTIVE PARK DR.  
SUITE 300  
WESTON, FL 33331

**FEI Number:** 26-2511617

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILLIAMS, JONAI NE  
3190 PACIFIC WAY  
MIRAMAR, FL 33025 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  
Name: WILLIAMS, COURTNEY L  
Address: 3190 PACIFIC WAY  
City-St-Zip: MIRAMAR, FL 33025

Title: MGRM  
Name: WILLIAMS, JONAI NE  
Address: 3190 PACIFIC WAY  
City-St-Zip: MIRAMAR, FL 33025

I hereby 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: COURTNEY WILLIAMS

MGR

02/17/2010

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