

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031442

FILED
Feb 02, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

8686A COUNTY ROAD 466
THE VILLAGES, FL 32162

New Principal Place of Business:

Current Mailing Address:

8686A COUNTY ROAD 466
THE VILLAGES, FL 32162

New Mailing Address:

FEI Number: 26-2279019

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE MILLHORN LAW FIRM, LLC
13710 US HIGHWAY 441,
SUITE 100
LADY LAKE, FL 32159 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: MAGNUSON, CAMILLE J
Address: 8686A COUNTY ROAD 466,
City-St-Zip: THE VILLAGES, FL 32162

Title: MGRM () Delete
Name: BUFFEN BARGER, LEA
Address: 8686A COUNTY ROAD 466
City-St-Zip: THE VILLAGES, FL 32162

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MAGNUSON, CAMILLE L
Address: 8686A COUNTY ROAD 466,
City-St-Zip: THE VILLAGES, FL 32162

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: CAMILLE L. MAGNUSON

MGRM

02/02/2009

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