

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000031442

**FILED**  
**Feb 09, 2010**  
**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:**

8686A COUNTY ROAD 466  
THE VILLAGES, FL 32162 US

**Current Mailing Address:**

8686A COUNTY ROAD 466  
THE VILLAGES, FL 32162

**New Mailing Address:**

8686A COUNTY ROAD 466  
THE VILLAGES, FL 32162 US

**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 MILLHORN LAW FIRM, LLC  
13710 US HIGHWAY 441  
SUITE 100  
THE VILLAGES, FL 32159 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: \_\_\_\_\_

02/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAGNUSON, CAMILLE L  
Address: 8686A COUNTY ROAD 466  
City-St-Zip: THE VILLAGES, FL 32162 US

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

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: CAMILLE L. MAGNUSON

MGRM

02/09/2010

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