

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040504

**FILED**  
**Feb 19, 2010**  
**Secretary of State**

**Entity Name:** PROTHERAPY ASSOCIATES, LLC

**Current Principal Place of Business:**

2900 NORTH MILITARY TRAIL, SUITE 140  
SUITE 140  
BOCA RATON, FL 33431

**New Principal Place of Business:**

**Current Mailing Address:**

2900 NORTH MILITARY TRAIL, SUITE 140  
SUITE 140  
BOCA RATON, FL 33431

**New Mailing Address:**

**FEI Number:** 26-2512298

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SLPA, INC.  
201 N.E. FIRST AVENUE  
DELRAY BEACH, FL 33444 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  
Name: CARE ASSOCIATES, LLC  
Address: 2900 NORTH MILITARY TRAIL, SUITE 140  
City-St-Zip: BOCA RATON, FL 33431

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: GREGORY F. BELLOMY

MGRM

02/19/2010

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