

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000052555

Entity Name: ALLEN THERAPY SERVICES, PLLC

FILED
Jan 05, 2009
Secretary of State

Current Principal Place of Business:

New Principal Place of Business:

1100 DAWNLIGHT ROAD
JACKSONVILLE, FL 32218

Current Mailing Address:

New Mailing Address:

1100 DAWNLIGHT ROAD
JACKSONVILLE, FL 32218

FEI Number: 51-0677743 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ALLEN, EHREN
1100 DAWNLIGHT ROAD
JACKSONVILLE, FL 32218 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: ALLEN, EHREN
Address: 1100 DAWNLIGHT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Delete
Name: ALLEN, LORI
Address: 1100 DAWNLIGHT ROAD
City-St-Zip: JACKSONVILLE, FL 32218

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: EHREN ALLEN

MGR

01/05/2009

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