

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000052555

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** ALLEN THERAPY SERVICES, PLLC

**Current Principal Place of Business:**

13700 SUTTON PARK DR. N.  
323  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

4308 HANOVER PARK DRIVE  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

PO BOX 19705  
JACKSONVILLE, FL 32245

**New Mailing Address:**

**FEI Number:** 51-0677743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, EHREN  
13700 SUTTON PARK DR. N.  
323  
JACKSONVILLE, FL 32224 US

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

ALLEN, EHREN  
4308 HANOVER PARK DRIVE  
JACKSONVILLE, FL 32224 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:

01/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ALLEN, EHREN  
Address: 4308 HANOVER PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

Title: MGR  
Name: ALLEN, LORI  
Address: 4308 HANOVER PARK DRIVE  
City-St-Zip: JACKSONVILLE, FL 32224

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: EHREN ALLEN

MGR

01/21/2012

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