

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000068951

FILED
Apr 01, 2009
Secretary of State

Entity Name: CREATIVE THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

237 W. LAKE FAITH DRIVE
MAITLAND, FL 32751

New Principal Place of Business:

416 N FERNCREEK AVE
A
ORLANDO, FL 32803

Current Mailing Address:

237 W. LAKE FAITH DRIVE
MAITLAND, FL 32751

New Mailing Address:

1223 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803

FEI Number: 26-3019558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GALLAGHER, MARTINA D
237 W. LAKE FAITH DRIVE
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

GALLAGHER, MARTINA D
1223 LAKE HIGHLAND DRIVE
ORLANDO, FL 32803 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: MARTINA D. GALLAGHER

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GALLAGHER, MARTINA D
Address: 237 W. LAKE FAITH DRIVE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM () Delete
Name: HARRIS, CHRISTINE T
Address: 1138 EVEREST STREET
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GALLAGHER, MARTINA D
Address: 1223 LAKE HIGHLAND DRIVE
City-St-Zip: ORLANDO, FL 32803

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: MARTINA D. GALLAGHER

MGRM

04/01/2009

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