

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077216

FILED  
Jan 09, 2009  
Secretary of State

**Entity Name:** PEDIATRIC THERAPY INTENSIVES, LLC

**Current Principal Place of Business:**

9330 SUMMER PLACE  
NAPLES, FL 34109

**New Principal Place of Business:**

**Current Mailing Address:**

9330 SUMMER PLACE  
NAPLES, FL 34109

**New Mailing Address:**

2338 IMMOKALEE RD STE. 187  
NAPLES, FL 34110

**FEI Number:** 26-3152118

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AUSTIN, ARLENE F  
700 11TH STREET SOUTH, SUITE 102  
NAPLES, FL 34102 US

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

JUSTIZ, JANICE R  
9330 SUMMER PLACE  
NAPLES, FL 34109 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: JANICE R JUSTIZ

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JUSTIZ, JANICE R  
Address: 9330 SUMMER PLACE  
City-St-Zip: NAPLES, FL 34109

**ADDITIONS/CHANGES:**

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: JANICE R. JUSTIZ

MGRM

01/09/2009

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