

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000077608

Entity Name: FLORIDA THERAPY GROUP, LLC

FILED  
Apr 02, 2009  
Secretary of State

**Current Principal Place of Business:**

3103 MARTIN DRIVE  
MOUNTAIN VIEW, AR 72560 US

**New Principal Place of Business:**

831 LAKE AMICK DRIVE  
NICEVILLE, FL 32578 US

**Current Mailing Address:**

3103 MARTIN DRIVE  
MOUNTAIN VIEW, AR 72560 US

**New Mailing Address:**

831 LAKE AMICK DRIVE  
NICEVILLE, FL 32578 US

FEI Number: 26-3179090

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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 ( ) Delete  
Name: RANSOM, GORDON P  
Address: 3103 MARTIN DRIVE  
City-St-Zip: MOUNTAIN VIEW, AR 72560 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RANSOM, GORDON P  
Address: 831 LAKE AMICK DRIVE  
City-St-Zip: NICEVILLE, FL 32578 US

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: GORDON PRICE RANSOM

MGRM

04/02/2009

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