2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# L08000090011

Entity Name: THERAPY PROFESSIONAL'S, LLC

Current Principal Place of Business:

427 BILTMORE WAY
STE. 102
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

427 BILTMORE WAY
STE. 102
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAZZARIN, EDWARD
427 BILTMORE WAY
STE. 102
CORAL GABLES, FL 33134 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: MGR ( ) Delete
Name: REYES, ELISA
Address: 427 BILTMORE WAY #102
City-St-Zip: CORAL GABLES, FL 33134 US

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: EDWARD LAZZARIN MD PRES 06/22/2009

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