

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090703

FILED
May 04, 2009
Secretary of State

Entity Name: NORTH FLORIDA THERAPY ASSOCIATES, LLC

Current Principal Place of Business:

6134 PARK ST.
JACKSONVILLE, FL 32205 US

New Principal Place of Business:

1726 KINGSLEY AVE.
SUITE 27
ORANGE PARK, FL 32073 US

Current Mailing Address:

PO BOX 440068
JACKSONVILLE, FL 32222

New Mailing Address:

1726 KINGSLEY AVE.
SUITE 27
ORANGE PARK, FL 32073 US

FEI Number: 26-3517580 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GILLMER, MELISSA J
6134 PARK ST.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

GILLMER, MELISSA J
1726 KINGSLEY AVE.
SUITE 27
ORANGE PARK, FL 32073 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:

05/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SENSATIONAL PHYSICAL THERAPY, LLC
Address: 3180 TOWER OAKS DR.
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: CHAMPIONSPEECH, LLC
Address: 6134 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GILLMER, MELISSA J
Address: 6134 PARK ST.
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGRM (X) Change () Addition
Name: CHAMPIONSPEECH, LLC
Address: 1726 KINGSLEY AVE., SUITE 27
City-St-Zip: ORANGE PARK, FL 32073

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: MELISSA GILLMER

MGR

05/04/2009

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