

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106132

FILED
Apr 28, 2009
Secretary of State

Entity Name: SENSATIONAL KIDS THERAPY, PLLC

Current Principal Place of Business:

4829 INNISBROOK CT. S.
ELKTON, FL 32033

New Principal Place of Business:

Current Mailing Address:

4829 INNISBROOK CT. S.
ELKTON, FL 32033

New Mailing Address:

FEI Number: 26-3714906

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SENSATIONAL OCCUPATIONAL THERAPY, LLC
4829 INNISBROOK CT. S.
ELKTON, FL 32033 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: SENSATIONAL PHYSICAL THERAPY, LLC
Address: 3180 TOWER OAKS DRIVE
City-St-Zip: ORANGE PARK, FL 32065

Title: MGRM () Delete
Name: SENSATIONAL OCCUPATIONAL THERAPY, LLC
Address: 4829 INNISBROOK CT. S.
City-St-Zip: ELKTON, FL 32033

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AMANDA AUGUST

MGRM

04/28/2009

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