

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000106132

**FILED**  
**Apr 09, 2010**  
**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  
Name: SENSATIONAL PHYSICAL THERAPY, LLC  
Address: 3180 TOWER OAKS DRIVE  
City-St-Zip: ORANGE PARK, FL 32065

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

I hereby 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

RA

04/09/2010

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