

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000021738

**FILED**  
**Feb 07, 2011**  
**Secretary of State**

**Entity Name:** INNOVATIVE HOME THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

9470 NW 24TH STREET  
SUNRISE, FL 33322

**New Principal Place of Business:**

**Current Mailing Address:**

9470 NW 24TH STREET  
SUNRISE, FL 33322

**New Mailing Address:**

9470 NW 24TH ST  
SUNRISE, FL 33322

**FEI Number:** 26-4356070

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INGLE, JULIA ESQ.  
1070 SW 129TH WAY  
DAVIE, FL 33325 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  
**Name:** EXLER, CARA ELIZABETH  
**Address:** 9470 NW 24TH STREET  
**City-St-Zip:** SUNRISE, FL 33322

**Title:** MGRM  
**Name:** EXLER, ANDREW PAUL  
**Address:** 9470 NW 24TH ST  
**City-St-Zip:** SUNRISE, FL 33322

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:** CARA ELIZABETH EXLER

MGR

02/07/2011

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