

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000063807

**FILED**  
**Jan 15, 2011**  
**Secretary of State**

**Entity Name:** INTERPLAY SPEECH THERAPY, LLC

**Current Principal Place of Business:**

821 NW 72ND AVENUE  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

821 NW 72ND AVENUE  
PLANTATION, FL 33317

**New Mailing Address:**

**FEI Number:** 27-0504122

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATARINEAU, JOE A JR, CPA  
7780 SW 117 AVENUE  
SUITE 201  
MIAMI, FL 33183 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:** PLYSER-FEELEY, GAIL  
**Address:** 821 NW 72 AVE  
**City-St-Zip:** PLANTATION, FL 33317

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:** GAIL PLYSER-FEELEY

MGR

01/15/2011

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