2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 05, 2010
Secretary of State

DOCUMENT# L09000070710

Entity Name: COMMUNITY OCCUPATIONAL THERAPY SERVICES LLC

Current Principal Place of Business:

156 SANDY CREEK LANDING ROAD
PONCE DE LEON, FL 32455

New Principal Place of Business:

Current Mailing Address:

PO BOX 243
PONCE DE LEON, FL 32455

New Mailing Address:

FEI Number: 27-0596759 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOUCK, TONI E MRS
156 SANDY CREEK LANDING ROAD
PONCE DE LEON, FL 32455 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: BOUCK, TONI E MRS
Address: 156 SANDY CREEK LANDING ROAD
City-St-Zip: PONCE DE LEON, FL 32455

Title: MGRM
Name: BOUCK, ROBERT W III
Address: 1989 GINA LN
City-St-Zip: TALLAHASSEE, FL 32303

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 Statues.

SIGNATURE: TONI E. BOUCK OWNE 05/05/2010

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