

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072080

FILED
Jan 20, 2010
Secretary of State

Entity Name: THE APHASIA CENTER, LLC

Current Principal Place of Business:

6798 CROSSWINDS DRIVE N.
BLDG. E-102
ST. PETERSBURG, FL 33710

New Principal Place of Business:

6798 CROSSWINDS DRIVE N.
BLDG. E-101
ST. PETERSBURG, FL 33710

Current Mailing Address:

6798 CROSSWINDS DRIVE N.
BLDG. E-102
ST. PETERSBURG, FL 33710

New Mailing Address:

6798 CROSSWINDS DRIVE N.
BLDG. E-101
ST. PETERSBURG, FL 33710

FEI Number: 27-0620336

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARTELS-TOBIN, LORI R
6798 CROSSWINDS DRIVE N
BLDG. E-102
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

BARTELS-TOBIN, LORI R
6798 CROSSWINDS DRIVE N
BLDG. E-101
ST. PETERSBURG, FL 33710 US

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: LORI BARTELS-TOBIN

01/20/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BARTELS-TOBIN, LORI R
Address: 6798 CROSSWINDS DRIVE N
City-St-Zip: ST. PETERSBURG, FL 33710

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: LORI BARTELS-TOBIN

MGR

01/20/2010

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