

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000073578

Entity Name: GOOD THERAPYI, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3831 MARSH LILLY DR.  
ORLANDO, FL 32828

**New Principal Place of Business:**

285 UPTOWN BLVD.  
220  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 781212  
ORLANDO, FL 32878 12

**New Mailing Address:**

FEI Number: 27-0670103

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MCMILLEN, JAMES M  
3831 MARSH LILLY DR.  
ORLANDO, FL 32828 US

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

MCMILLEN, JAMES M  
285 UPTOWN BLVD.  
ALTAMONTE SPRINGS, FL 32701 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:

04/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCMILLEN, JAMES M  
Address: 285 UPTOWN BLVD APT 220  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: JAMES MICHAEL MCMILLEN

MGR

04/10/2012

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