

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080250

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEASTERN THERAPY SERVICES, L.L.C.

**Current Principal Place of Business:**

2286 WEDNESDAY STREET  
SUITE #1  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2286 WEDNESDAY STREET  
SUITE #1  
TALLAHASSEE, FL 32308

**New Mailing Address:**

2286 WEDNESDAY STREET  
SUITE #1  
TALLAHASSEE, FL 32308 US

**FEI Number:** 27-0821705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARKS, CYNTHIA R  
2286 WEDNESDAY STREET  
SUITE #1  
TALLAHASSEE, FL 32308 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:** MARKS, CYNTHIA R  
**Address:** 2286 WEDNESDAY STREET, SUITE #1  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

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:** CYNTHIA R. MARKS

MGRM

03/30/2010

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