

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000103926

**FILED**  
**Feb 06, 2010**  
**Secretary of State**

**Entity Name:** A NEW DAY THERAPEUTIC SERVICES, LLC

**Current Principal Place of Business:**

9900 W. SAMPLE ROAD  
318  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

5721 RIVERSIDE DRIVE  
202  
CORAL SPRINGS, FL 33067

**New Mailing Address:**

**FEI Number:** 27-1207890

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHIMMEL, DANIEL  
9900 W. SAMPLE ROAD  
318  
CORAL SPRINGS, FL 33065 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:** MANG  
**Name:** SCHIMMEL, DANIEL  
**Address:** 5721 RIVERSIDE DRIVE #202  
**City-St-Zip:** CORAL SPRINGS, FL 33067 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:** DANIEL SCHIMMEL

MGR

02/06/2010

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