

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000005842

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FIRST STEP THERAPY LLC

**Current Principal Place of Business:**

2045 SHANNON LAKES BLVD.  
KISSIMMEE, FL 34743

**New Principal Place of Business:**

**Current Mailing Address:**

2045 SHANNON LAKES BLVD.  
KISSIMMEE, FL 34743

**New Mailing Address:**

1441 FORTUNE ROAD  
#256  
KISSIMMEE, FL 34744 US

**FEI Number:** 27-1790794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MARTINEZ, JOSE A  
2045 SHANNON LAKES BLVD.  
KISSIMMEE, FL 34743 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:** MARTINEZ, JOSE A  
**Address:** 2045 SHANNON LAKES BLVD.  
**City-St-Zip:** KISSIMMEE, FL 34743

**Title:** MGRM  
**Name:** NICHOLAS, FEDERICO  
**Address:** 1638 HERRING LN  
**City-St-Zip:** CLERMONT, FL 34714

**Title:** MGRM  
**Name:** SAMINA, SHAIKH  
**Address:** 8903 LATREC AVE APT. 202 BUILDING 3  
**City-St-Zip:** ORLANDO, FL 32819

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:** JOSE MARTINEZ

MGRM

04/30/2012

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