

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006852

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

**Entity Name:** MY THERAPY SOLUTIONS, LLC

**Current Principal Place of Business:**

12801 SW 149 ST  
MIAMI, FL 33186 US

**New Principal Place of Business:**

**Current Mailing Address:**

12801 SW 149 ST  
MIAMI, FL 33186 US

**New Mailing Address:**

**FEI Number:** 27-1686235      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LA, YOUNG M MR.  
12801 SW 149 ST  
MIAMI, FL 33186 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:** MGR  
**Name:** LA, YOUNG M  
**Address:** 12801 SW 149 ST  
**City-St-Zip:** MIAMI, FL 33186 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: YOUNG MIN LA      MGR      04/30/2012

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