2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2012
Secretary of State

DOCUMENT# L10000032251

Entity Name: ADVANCED THERAPY ASSOCIATES LLC

Current Principal Place of Business:

5400 SOUTH UNIVERSITY DRIVE
SUITE 119
DAVIE, FL 33328

New Principal Place of Business:

Current Mailing Address:

5400 SOUTH UNIVERSITY DRIVE
SUITE 119
DAVIE, FL 33328

New Mailing Address:

FEI Number: 27-2156421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

COHEN, BRADLEY R
5400 SOUTH UNIVERSITY DRIVE
SUITE 119
DAVIE, FL 33328 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: COHEN, BRADLEY R
Address: 5400 SOUTH UNIVERSITY DRIVE, SUITE 119
City-St-Zip: DAVIE, FL 33328

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 Statues.

SIGNATURE: **BRADLEY_R._COHEN** MGRM 02/18/2012

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