

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000077777

FILED  
Apr 20, 2012  
Secretary of State

**Entity Name:** THERAPEUTIC SPECIALISTS, LLC

**Current Principal Place of Business:**

2962 S.W. 26TH TERRACE  
SUITE 105  
DANIA BEACH, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2962 S.W. 26TH TERRACE  
SUITE 105  
DANIA BEACH, FL 33312

**New Mailing Address:**

**FEI Number:** 27-3050501

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MURILLO, KRISTIN  
1000 SW 134 AVE  
DAVIE, FL 33325 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: MURILLO, KRISTIN  
Address: 1000 SW 134 AVE  
City-St-Zip: DAVIE, FL 33325

Title: MGRM  
Name: ST. AIMEE, MATTHEW  
Address: 2962 S.W. 26TH TERRACE  
City-St-Zip: DANIA BEACH, FL 33312

Title: MGRM  
Name: MAYLOR, PRIDA  
Address: 2962 S.W. 26TH TERRACE  
City-St-Zip: DANIA BEACH, FL 33312

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: KRISTIN MURILLO

MGRM

04/20/2012

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