

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103887

FILED
Apr 23, 2012
Secretary of State

Entity Name: THERAPY ONE STAFFING SOLUTIONS LLC

Current Principal Place of Business:

5042 PERSIMMON HOLLOW ROAD
MILTON, FL 32583

New Principal Place of Business:

69 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561

Current Mailing Address:

5042 PERSIMMON HOLLOW ROAD
MILTON, FL 32583

New Mailing Address:

FEI Number: 27-3555085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, MYRON
5042 PERSIMMON HOLLOW ROAD
MILTON, FL 32583 US

Name and Address of New Registered Agent:

FRANKLIN, MYRON
69 BAYBRIDGE DRIVE
GULF BREEZE, FL 32561 US

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

04/23/2012

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FRANKLIN, MYRON
Address: 69 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: BARNES, DEWAINE
Address: 69 BAYBRIDGE DRIVE
City-St-Zip: GULF BREEZE, FL 32561

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: MYRON FRANKLIN

MGRM

04/23/2012

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