

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000120749

FILED
Mar 27, 2012
Secretary of State

Entity Name: CHARTER THERAPY ASSOCIATES LLC

Current Principal Place of Business:

905 E MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

New Principal Place of Business:

Current Mailing Address:

905 E MLK DRIVE
SUITE 400
TARPON SPRINGS, FL 34689 US

New Mailing Address:

FEI Number: 27-4023410

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, JUSTINE L
1140 S POINTE ALEXIS DRIVE
TARPON SPRINGS, FL 34689 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: NELSON, JUSTINE L
Address: 1140 S POINTE ALEXIS DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689

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: JUSTINE L NELSON

MGRM

03/27/2012

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