

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000022380

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

**Entity Name:** PARADISE COAST SPEECH THERAPY, LLC

**Current Principal Place of Business:**

1290 SPERLING COURT  
NAPLES, FL 34103

**New Principal Place of Business:**

501 GOODLETTE RD. NORTH  
SUITE D-100  
NAPLES, FL 34102

**Current Mailing Address:**

1290 SPERLING COURT  
NAPLES, FL 34103

**New Mailing Address:**

501 GOODLETTE RD. NORTH  
SUITE D-100  
NAPLES, FL 34102

**FEI Number:** 27-4706897

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENN, VICTORIA B  
1290 SPERLING COURT  
NAPLES, FL 34103 US

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

PENN, VICTORIA B  
501 GOODLETTE RD. NORTH  
SUITE D-100  
NAPLES, FL 34102 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: VICTORIA B. PENN

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PENN, VICTORIA B  
Address: 1290 SPERLING COURT  
City-St-Zip: NAPLES, FL 34103

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: VICTORIA B. PENN

CEO

04/30/2012

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