2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2012
Secretary of State

DOCUMENT# L11000024772

Entity Name: ANCIENT CITY CHILDREN'S THERAPY LLC

Current Principal Place of Business:

367 GIANNA WAY
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

910 S. WINTERHAWK DR. #107
SAINT AUGUSTINE, FL 32086

Current Mailing Address:

PO BOX 860214
SAINT AUGUSTINE, FL 32086

New Mailing Address:

910 S. WINTERHAWK DR. #107
SAINT AUGUSTINE, FL 32086

FEI Number: 45-0992347 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, JOHANNIE
367 GIANNA WAY
SAINT AUGUSTINE, FL 32086 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: GARCIA, JOHANNIE
Address: 910 S. WINTERHAWK DR. #107
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: JOHANNIE GARCIA MRS. 02/19/2012

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