

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000058899

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** THERAPIST ON CALL L.L.C.

**Current Principal Place of Business:**

9357 FONTAINEBLEU BLVD D-102  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

9357 FONTAINEBLEU BLVD D-102  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 00-7148364

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLANCO ACCOUNTING I INC  
2401 WEST 72 STREET  
SUITE 1  
HIALEAH, FL 30161702 US

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

BIBILONI ACUNA, RAYDEL  
9688 FONTAINEBLEU BLVD  
411  
MIAMI, FL 33172 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: RAYDEL BIBILONI ACUNA

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ACUNA, RAYDEL B  
Address: 9688 FONTAINEBLEAU BLVD  
City-St-Zip: MIAMI, FL 33172

Title: MGRM  
Name: GONZALEZ SUAREZ, DILCIA  
Address: 9688 FONTAINEBLEAU BLVD  
City-St-Zip: MIAMI, FL 33172

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: RAYDEL BIBILONI ACUNA

MGR

04/26/2012

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