2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2012
Secretary of State

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Entity Name: K.C. SPEECH THERAPY, LLC

Current Principal Place of Business:

4111 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

4111 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: 45-3369685 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLORACK, KACY
4111 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34982 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: MGR
Name: FLORACK, KACY
Address: 4111 SOUTH INDIAN RIVER DR
City-St-Zip: FORT PIERCE, FL 34982

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: KACY FLORACK MGR 02/09/2012

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