

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004829

FILED
Jan 03, 2008
Secretary of State

Entity Name: JACKSON THERAPY PARTNERS, LLC

Current Principal Place of Business:

3650 MANSELL ROAD, SUITE 300
ALPHARETTA, GA 30022

New Principal Place of Business:

Current Mailing Address:

3650 MANSELL ROAD, SUITE 300
ALPHARETTA, GA 30022

New Mailing Address:

FEI Number: 20-4430668

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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 () Delete
Name: JACKSON, RICHARD L
Address: 3650 MANSELL ROAD, SUITE 300
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR () Delete
Name: JACKSON, SHANE
Address: 3650 MANSELL ROAD, SUITE 300
City-St-Zip: ALPHARETTA, GA 30022

Title: MGR () Delete
Name: LOCKWOOD, STEVE
Address: 3505 LAKE LYNDA DRIVE, SUITE 207
City-St-Zip: ORLANDO, FL 32817

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: RICHARD L JACKSON

MR

01/03/2008

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