

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004829

**FILED
Jan 06, 2011
Secretary of State**

Entity Name: JACKSON THERAPY PARTNERS, LLC

Current Principal Place of Business:

2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

New Principal Place of Business:

Current Mailing Address:

2655 NORTHWINDS PARKWAY
ALPHARETTA, GA 30009

New Mailing Address:

FEI Number: 20-4430776 **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: MGRM
Name: JACKSON THERAPY PARTNERS HOLDINGS, LLC
Address: 2655 NORTHWINDS PARKWAY
City-St-Zip: ALPHARETTA, GA 30009

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: JACKSON THERAPY PARTNERS HOLDINGS, LLC MGRM 01/06/2011

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