

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004829

FILED  
May 01, 2012  
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:**

12124 HIGH TECH AVENUE  
SUITE 300  
ORLANDO, FL 32817

**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 05/01/2012

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