2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# M08000004227

Entity Name: COMPREHENSIVE COMPRESSION THERAPIES, LLC

Current Principal Place of Business:

1220 COTTMAN AVENUE
PHILADELPHIA, PA 19111

New Principal Place of Business:

Current Mailing Address:

1220 COTTMAN AVENUE
PHILADELPHIA, PA 19111

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

PERRELLA, ANTHONY
6043 C DURHAM DRIVE
LAKE WORTH, FL 33467 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 ( ) Delete
Name: DIMARIA, RICHARD A
Address: 8080 OLD YORK ROAD, SUITE 208
City-St-Zip: ELKINS PARK, PA 19027

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: DEMARIA, RICHARD A
Address: 8080 OLD YORK ROAD, SUITE 208
City-St-Zip: ELKINS PARK, PA 19027

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 A DEMARIA MGRM 07/02/2009

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