

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004227

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**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 ( )**

**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  
Name:                     DEMARIA, RICHARD A  
Address:                 8080 OLD YORK ROAD, SUITE 208  
City-St-Zip:            ELKINS PARK, PA 190270733

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: RICHARD A DEMARIA                      MGRM                      04/29/2010

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