2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2015
Secretary of State
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Entity Name: CHAPMAN & ASSOCIATES THERAPY SOLUTIONS, LLC

Current Principal Place of Business:

3480 RAVENCREEK LN
OVIEDO, FL 32766

Current Mailing Address:

PO BOX 622437
OVIEDO, FL 32762

FEI Number: 87-0735044

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPMAN, ASHLEY B
3480 RAVENCREEK LN
OVIEDO, FL 32766 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	CHAPMAN, ASHLEY B	Name	CHAPMAN, CALEB S
Address	3480 RAVENCREEK LN	Address	3480 RAVENCREEK LN
City-State-Zip:	OVIEDO FL 32766	City-State-Zip:	OVIEDO FL 32766

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CALEB CHAPMAN MANAGING MEMBER 03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date