

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Feb 24, 2005 8:00 am**  
**Secretary of State**

02-24-2005 90105 035 \*\*\*\*55.00

**DOCUMENT # L04000075979**

1. Entity Name  
**THERA HEALTHCARE SYSTEMS, LLC**



Principal Place of Business  
**302 LAKE DAISY LOOP  
 WINTER HAVEN, FL 33884-2568**

Mailing Address  
**302 LAKE DAISY LOOP  
 WINTER HAVEN, FL 33884-2568**

00010006



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01122005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number  
**56-2485292**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARCIA, JOSEPH A  
 302 LAKE DAISY LOOP  
 WINTER HAVEN, FL 33884-2568**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
 Due by May 1, 2005**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGRM  Delete  
 NAME GARCIA, JOSEPH A JR  
 STREET ADDRESS 302 LAKE DAISY LOOP  
 CITY - ST - ZIP WINTER HAVEN, FL 338842568

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE MGRM  Delete  
 NAME PADGET, DONALD R  
 STREET ADDRESS 2970 CORAL STRIP PARKWAY  
 CITY - ST - ZIP GULF BREEZE, FL 32563

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Delete  
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TITLE  Change  Addition  
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TITLE  Change  Addition  
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TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *[Signature]*

**1-14-05** (850) 473-9707

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #