


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90003 047 ****50.00

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**

2. Principal Place of Business
1541 SILVER LACE CT
 Suite, Apt. #, etc.

3. Mailing Address
1541 SILVER LACE CT
 Suite, Apt. #, etc.



01112006 Chg-LLC CR2E083 (11/05)

City & State
GULF BREEZE, FL

City & State
GULF BREEZE, FL

4. FEI Number
56-2485292

Applied For
 Not Applicable

Zip
32563 Country
SANTA ROSA

Zip
32563 Country
SANTA ROSA

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

6. Name and Address of Current Registered Agent
**GARCIA, JOSEPH A
 302 LAKE DAISY LOOP
 WINTER HAVEN, FL 33884-2568**

7. Name and Address of New Registered Agent
 Name **GARCIA, JOSEPH A.**
 Street Address (P.O. Box Number is Not Acceptable)
1541 SILVER LACE CT.
 City **GULF BREEZE FL** Zip Code **32563**

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 Joseph A Garcia Jr DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GARCIA, JOSEPH A JR 302 LAKE DAISY LOOP WINTER HAVEN, FL 338842568	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PADGET, DONALD R 2970 CORAL STRIP PARKWAY GULF BREEZE, FL 32563	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Joseph A Garcia Jr DATE _____ DAYTIME PHONE # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE