

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90097 013 ****50.00

DOCUMENT # L01000008387

1. Entity Name
MODERN THERAPY, L.L.C.

Principal Place of Business C/O SETH E. ELLIS, P.A. 2600 N. MILITARY TRAIL, STE. 290 BOCA RATON FL 33431	Mailing Address C/O SETH E. ELLIS, P.A. 2600 N. MILITARY TRAIL, STE. 290 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 1680 Meridian Ave.	3. Mailing Address 1680 Meridian Ave.
Suite, Apt. #, etc. Suite 612	Suite, Apt. #, etc. Suite 612

City & State Miami Beach FL	City & State Miami Beach FL
Zip 33139	Zip 33139
Country	Country

4. FEI Number 65-1107623	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ.
2600 N. MILITARY TRAIL, STE. 290
SETH E. ELLIS, P.A.
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR	<input checked="" type="checkbox"/> Delete	TITLE Managing Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME WHITE, MARK		NAME Murida, Javier	
STREET ADDRESS 1900 SUNSET HARBOR #1507		STREET ADDRESS 1680 Meridian Ave, Suite 612	
CITY-ST-ZIP MIAMI BEACH FL 33139		CITY-ST-ZIP Miami Beach FL 33139	
TITLE	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Javier Murida
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/07/02
 Date Daytime Phone #

CR2E083 (9/01)