

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 016 ****50.00



DOCUMENT # L01000008387

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

Principal Place of Business
**1250 E HALLANDALE BEACH BLVD., #902
 HALLANDALE, FL 33009**

Mailing Address
**1250 E HALLANDALE BEACH BLVD., #902
 HALLANDALE, FL 33009**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1107623

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

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

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

**Filing Fee is \$50.00
 Due by May 1, 2004**

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

9. MANAGING MEMBERS/MANAGERS

TITLE NAME Delete
MGRM JAVIER, MURIDA
 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD., STE 902**
 CITY-ST-ZIP **HALLANDALE, FL 33029**

TITLE NAME Delete
MGR MARCIA, NANCY
 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD., STE 902**
 CITY-ST-ZIP **HALLANDALE, FL 33029**

TITLE NAME Delete
MGR MARCIA, ANDRES
 STREET ADDRESS **1250 E HALLANDALE BEACH BLVD., STE 902**
 CITY-ST-ZIP **HALLANDALE, FL 33029**

TITLE NAME Delete

TITLE NAME Delete

TITLE NAME Delete

10. ADDITIONS/CHANGES

TITLE NAME Change Addition
MURCIA, JAVIER

TITLE NAME Change Addition
MURCIA, NANCY

TITLE NAME Change Addition
MURCIA, ANDRES

TITLE NAME Change Addition

TITLE NAME Change Addition

TITLE NAME Change Addition

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

2-12-04 954454-8315
 Date Daytime Phone #