

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Feb 16, 2006  
Secretary of State**

DOCUMENT# L01000008387

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

**Current Principal Place of Business:**

1250 E HALLANDALE BEACH BLVD., #902  
HALLANDALE, FL 33009

**New Principal Place of Business:**

**Current Mailing Address:**

1250 E HALLANDALE BEACH BLVD., #902  
HALLANDALE, FL 33009

**New Mailing Address:**

FEI Number: 65-1107623      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HERRERA, THOMAS R  
1250 E HALLANDALE BEACH BLVD  
STE 1004  
HALLANDALE BEACH, FL 33009 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MURCIA, JAVIER  
Address: 1250 E HALLANDALE BEACH BLVD., STE 902  
City-St-Zip: HALLANDALE, FL 33029

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JAVIER MURCIA

MGRM

02/16/2006

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date