

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Sep 13, 2007
Secretary of State**

DOCUMENT# L01000008387

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

Current Principal Place of Business:

210 SOUTH FEDERAL HIGHWAY #302
HOLLYWOOD, FL 33020

New Principal Place of Business:

1680 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

Current Mailing Address:

210 SOUTH FEDERAL HIGHWAY #302
HOLLYWOOD, FL 33020

New Mailing Address:

1680 MERIDIAN AVENUE
MIAMI BEACH, FL 33139

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

Name and Address of Current Registered Agent:

MURCIA, JAVIER
210 SOUTH FEDERAL HIGHWAY
302
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

MURCIA, JAVIER
1680 MERIDIAN AVENUE
MIAMI, FL 33139 US

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: _____ 09/13/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MURCIA, JAVIER
Address: 210 SOUTH FEDERAL HIGHWAY #302
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGR (X) Delete
Name: OVERSTREET, WILLIAM M DR.
Address: 210 SOUTH FEDERAL HIGHWAY 302
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MURCIA, JAVIER
Address: 1680 MERIDIAN AVE
City-St-Zip: MIAMI, FL 33139

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

I hereby certify that the information supplied with this filing does not qualify 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 09/13/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date