

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008387

FILED  
Apr 30, 2009  
Secretary of State

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

**Current Principal Place of Business:**

1326 TYLER ST.  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

1326 TYLER ST.  
HOLLYWOOD, FL 33019

**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:**

SANCHEZ-MEDINA, ROLAND JR.  
2333 PONCE DE LEON BLVD., SUITE 302  
CORAL GABLES, FL 33134 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: LEIBOVITZ, JAY  
Address: 1680 MERIDIAN AVE  
City-St-Zip: MIAMI, FL 33139

Title: MGRM (X) Delete  
Name: BARTUS, ROBERT  
Address: 2333 PONCE DE LEON BLVD., SUITE 302  
City-St-Zip: CORAL GABLES, FL 33134

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MURCIA, JAVIER  
Address: 1326 TYLER STREET  
City-St-Zip: HOLLYWOOD, FL 33019

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

MGR

04/30/2009

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