

FILED

03 APR -7 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000008387	
1. Entity Name MODERN THERAPY, L.L.C.	



Principal Place of Business 1680 MERIDIAN AVENUE SUITE 612 MIAMI, FL 33139	Mailing Address 1680 MERIDIAN AVENUE SUITE 612 MIAMI, FL 33139
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600015435646  
04/07/03--01067--002 \*\*50.00



2. Principal Place of Business 1250 E Hallandale Beach Blvd. Suite, Apt. #, etc. 902	3. Mailing Address 1250 E Hallandale Beach Blvd. Suite, Apt. #, etc. 902
City & State Hallandale FL	City & State Hallandale FL
Zip 33009 Country US	Zip 33009 Country USA

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
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	
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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 SETH ELLIS DATE

FILE NOW! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due 5/1/03

9. MANAGING MEMBERS/MANAGERS	
TITLE MGR	<input type="checkbox"/> Delete
NAME WHITE, MARK	
STREET ADDRESS 1680 MERIDIAN AVENUE, SUITE 612	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE MGRM	<input type="checkbox"/> Delete
NAME JAVIER, MURIDA	
STREET ADDRESS 1680 MERIDIAN AVENUE SUITE 612	
CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE MGRM	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Javier Murcia	
STREET ADDRESS 1250 E. Hallandale Beach Blvd. Suite 902	
CITY-ST-ZIP Hallandale FL 33009	
TITLE MGR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Nancy Murcia	
STREET ADDRESS 1250 E Hallandale Beach Blvd. Suite 902	
CITY-ST-ZIP Hallandale FL 33009	
TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Andres Murcia	
STREET ADDRESS 1250 E Hallandale Beach Blvd. Suite 902	
CITY-ST-ZIP Hallandale FL 33009	
TITLE MGR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Mark White	
STREET ADDRESS 1250 E Hallandale Beach Blvd. Suite 902	
CITY-ST-ZIP Hallandale FL 33009	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 included 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 insolvency empowered to execute this report as required by Chapter 808, Florida Statutes.

SIGNATURE: [Signature] Date 4/2/03 Daytime Phone #

CR2E083 (10/02)