

FILED

03 APR -7 AM 10:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

<b>DOCUMENT # L01000008387</b>	
1. Entity Name <b>MODERN THERAPY, L.L.C.</b>	



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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04/07/03--01067--002 \*\*50.00



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

<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
4. FEI Number <b>65-1107623</b>	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 <b>ELLIS, SETH E ESQ.</b> 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	<b>FL</b> 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 <b>MGR</b>	<input type="checkbox"/> Delete
NAME <b>WHITE, MARK</b>	
STREET ADDRESS <b>1680 MERIDIAN AVENUE, SUITE 612</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
TITLE <b>MGRM</b>	<input type="checkbox"/> Delete
NAME <b>JAVIER, MURIDA</b>	
STREET ADDRESS <b>1680 MERIDIAN AVENUE SUITE 612</b>	
CITY-ST-ZIP <b>MIAMI BEACH, FL 33139</b>	
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 <b>MGRM</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Javier Murcia</b>	
STREET ADDRESS <b>1250 E. Hallandale Beach Blvd. Suite 902</b>	
CITY-ST-ZIP <b>Hallandale FL 33009</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>Nancy Murcia</b>	
STREET ADDRESS <b>1250 E Hallandale Beach Blvd. Suite 902</b>	
CITY-ST-ZIP <b>Hallandale FL 33009</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Andres Murcia</b>	
STREET ADDRESS <b>1250 E Hallandale Beach Blvd. Suite 902</b>	
CITY-ST-ZIP <b>Hallandale FL 33009</b>	
TITLE <b>MGR</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>Mark White</b>	
STREET ADDRESS <b>1250 E Hallandale Beach Blvd. Suite 902</b>	
CITY-ST-ZIP <b>Hallandale FL 33009</b>	
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 trustee empowered to execute this report as required by Chapter 808, Florida Statutes.

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

CR2E083 (10/02)