

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90097 013 \*\*\*\*50.00

**DOCUMENT # L01000008387**

1. Entity Name  
**MODERN THERAPY, L.L.C.**

Principal Place of Business C/O SETH E. ELLIS, P.A. 2600 N. MILITARY TRAIL, STE. 290 BOCA RATON FL 33431	Mailing Address C/O SETH E. ELLIS, P.A. 2600 N. MILITARY TRAIL, STE. 290 BOCA RATON FL 33431
---	---

933638



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>1680 Meridian Ave.</b>	3. Mailing Address <b>1680 Meridian Ave.</b>
Suite, Apt. #, etc. <b>Suite 612</b>	Suite, Apt. #, etc. <b>Suite 612</b>

City & State <b>Miami Beach FL</b>	City & State <b>Miami Beach FL</b>
Zip <b>33139</b>	Zip <b>33139</b>
Country	Country

4. FEI Number <b>65-1107623</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>WHITE, MARK</b> <b>1900 SUNSET HARBOR #1507</b> <b>MIAMI BEACH FL 33139</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Managing Member</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Murida, Javier</b> <b>1680 Meridian Ave, Suite 612</b> <b>Miami Beach FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>White, Mark</b> <b>1680 Meridian Ave, Suite 612</b> <b>Miami Beach, FL 33139</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 indicated 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 608, Florida Statutes.

SIGNATURE: Javier Murida  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

03/07/02  
 Date Daytime Phone #

CR2E083 (9/01)