

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 016 ****50.00



DOCUMENT # L01000008387

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

Principal Place of Business
**1250 E HALLANDALE BEACH BLVD., #902
 HALLANDALE, FL 33009**

Mailing Address
**1250 E HALLANDALE BEACH BLVD., #902
 HALLANDALE, FL 33009**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02122004 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1107623

Applied For
 Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ELLIS, SETH E ESQ.
 2600 N. MILITARY TRAIL, STE. 290
 SETH E. ELLIS, P.A.
 BOCA RATON, FL 33431**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM Delete
 NAME JAVIER, MURIDA
 STREET ADDRESS 1250 E HALLANDALE BEACH BLVD., STE 902
 CITY-ST-ZIP HALLANDALE, FL 33029

TITLE Change Addition
 NAME MURCIA, JAVIER
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME MARCIA, NANCY
 STREET ADDRESS 1250 E HALLANDALE BEACH BLVD., STE 902
 CITY-ST-ZIP HALLANDALE, FL 33029

TITLE Change Addition
 NAME MURCIA, NANCY
 STREET ADDRESS
 CITY-ST-ZIP

TITLE MGR Delete
 NAME MARCIA, ANDRES
 STREET ADDRESS 1250 E HALLANDALE BEACH BLVD., STE 902
 CITY-ST-ZIP HALLANDALE, FL 33029

TITLE Change Addition
 NAME MURCIA, ANDRES
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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 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:

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

2-12-04 954454-8315

Date

Daytime Phone #