

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000008387

FILED  
May 01, 2008  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANCHEZ-MEDINA, ROLAND JR.  
2333 PONCE DE LEON BLVD., SUITE 302  
CORAL GABLES, FL 33134 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

PD

05/01/2008

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