2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L01000013168 1. Entity Name FORD THERAPEUTIC SERVICES, LLC					Feb 13, 2004 08:00 AM Secretary of State				
I OND III	LIMI LOTTO SETTIOLO, LEO								
Principal Place of Business Mailing Address									
9133 COLLII	NS AVE	9133 COLLINS AVE							
SURFSIDE FL 33154		SURFSIDE FL 33154							
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			MOORE	CR2E083	(11/03)		
City & State		City & State		4. FEI Number	65-1150827	 	<u> </u>	olied For Applicable	
Zip	Country Zip		Country		5. Certificate o	of Status Desired		5.00 Addi	
6. Name and Address of Current		gistered Agent	1		7. Name and /	Address of New Re		•	
SUSAN FORD HAMMAKER 9133 COLLINS AVE				Name					
				Street Address	s (P.C. Box Number is Not Acceptable)				
SUR	FSIDE FL 33154								
				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, typod or pureas name of registered again and fille if applicable. (NOTE Registered Again signature required when reinstating) OATE									
				FEE IS \$50.00	of Ptoto				
		Make Check Payabl		orida Departme ay 1, 2004	ent of State				
9.	MANAGING MEMBER		10.			ADDITIONS/	CHANGES		: f=h:
TITLE	MGR	☐ Delete	TITL	E				Change	☐ Addition
NAME	SUSAN FORD HAMMAKER		MAN	· i		U000000	0288	:	£ .
STREET ADDRESS CXTY-ST-ZIP	9133 COLLINS AVE SURFSIDE FL 33154			ET ADDRESS		02/16/04-80	1003-01	8 50.00]
TITLE	00/11 0/10 2 (2 00 (0)	☐ Delete	TITL	Ε				Change	Addition
NAME			NAN	1					
STREET ADDRESS CITY: ST-ZIP			1	ET ADDRESS - ST-ZIP					
TITLE		☐ Delete	BITE					Change	Addition
NAME			NAM						
STREET ADDRESS				EET ADDRESS '- ST-ZIP					
CITY-ST-ZIP		☐ Delele	· III					☐ Change	☐ Addition
title Name		Cas Delete	NAN						
STREET ADDRESS			•	EET ADDRESS					
CITY-ST-ZIP		□ Dololo	TITE	ST-ZiP				☐ Change	Addition
TITLE NAME		☐ Delete	MAN	l				🗀 ೧೯೩೩೪೮	
STREET ADDRESS			•	EFT ADDRESS					
CATY - ST - ZAP			-1	(-ST-28P			- -	Channa	€ Addies-
TITLE NAME		C Delete	TITL NAA	1				∐ Change	Addition
STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP		·		r-ST-ZIP			<u> </u>		
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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.									

SUSAN FOLD HAMMAGEL

GRANDING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: