

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013741

Entity Name: HYDROTHERAPY, LLC

FILED
Feb 20, 2004
Secretary of State

Current Principal Place of Business:

5664 BEE RIDGE ROAD, STE. 101
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

5664 BEE RIDGE ROAD, STE. 101
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1145748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NAPOLITANO, JOHN E
100 WALLACE AVENUE, SUITE 240
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

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/MEMBERS:

Title: MGRM () Delete
Name: BATEYKO, ROBERT
Address: 5664 BEE RIDGE RD STE 101
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: BATEYKO, VALARIE
Address: 5664 BEE RIDGE RD STE 101
City-St-Zip: SARASOTA, FL 34233

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 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 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: ROBERT BATEYKO

MGRM

02/20/2004

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