

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000003835

1. Entity Name
HARMONIX CLINICS OF SOUTH FLORIDA, LLC



Principal Place of Business
**141 NW 20TH STREET
#H1
BOCA RATON, FL 33431**

Mailing Address
**141 NW 20TH STREET
#H1
BOCA RATON, FL 33431**



04272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 03-0388453	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**BERG, OYVIND
141 NW 20TH STREET
#H1
BOCA RATON, FL 33431**

**DO NOT WRITE
IN THIS SPACE**

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**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, OYVIND 141 NW 20TH ST. #H-1 BOCA RATON, FL 33431
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**DO NOT WRITE
IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Oyvind Berg **OYVIND BERG** 4/27/04