


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90348 043 ****50.00

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
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2. Principal Place of Business - No P.O. Box # 4131 SOUTHSIDE BLVD Suite, Apt. #, etc. 107	3. Mailing Address 4131 SOUTHSIDE BLVD Suite, Apt. #, etc. 107
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City & State JACKSONVILLE, FL	City & State JACKSONVILLE, FL
Zip 32216	Zip 32216
Country DUVAL	Country DUVAL



04262007 Chg-LLC CR2E083 (12/06)

4. FEI Number 03-0388453	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required.
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6. Name and Address of Current Registered Agent BERG, OYVIND 141 NW 20TH STREET #H1 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 4131 SOUTHSIDE BLVD #107 City JACKSONVILLE FL Zip Code 32216
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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 *Oyvind Berg* **President Oyvind Berg** DATE **4/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, OYVIND 141 NW 20TH ST. #H-1 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4131 SOUTHSIDE BLVD #107 JACKSONVILLE, FL 32216 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Oyvind Berg* **Oyvind Berg** DATE **4/26/07** (904) 674-2777

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