2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 20, 2004 8:00 am Secretary of State 07-07-2004 90018 023 ****50.00

DOCUMENT # L03000026422 1. Entity Name THE THERAPY CENTER, LLC											
Principal Place of Business 305 N. MANGOUSTINE AVENUE, STE. 100 SANFORD, FL 32771			Mailing Address 305 N. MANGOUSTINE AVENUE, STE. 100 SANFORD, FL 32771				34009367				
2. Principal Pl	lace of Busin	ness ·	3. Mailing Address			-					
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07012004	Chg-LLC	CR2E083 (10	V03)		
City & State			City & State			4. FEI Numb	23801°	48		od For	
Zip	,	Country	Zip Cou		itry		e of Status Desired	□ \$5.00	O Addition	onai	
	6. Name	and Address of Current F	egistered Agent Name			7. Name and	d Address of New Re	gistered Agent			
CHIDA, SH 305 N. MA SANFORD	NGOUST	INE AVENUE, STE. 1 71			s (P.O. Box Numb	per is Not Acceptable)				
					City			FL. Zi	p Code		
8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.											
SIGNATURE Signature, trosed or printed name of registered opens and bits 4 applicable. (NOTE: Repostered Agent stonature required when remotating) DATE											
	ing Fee I	s \$50.00 nber 8, 2004						a check payable Department of			
9.	1	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE NAME	MGR	N (ALINA 7	Oelete	fir.	- I				hange	Addition	
NAME CHIDA, SHAHNAZ STREET ADDRESS GITY-S1-ZP SANFORD, FL 32771			TE. 100		RET ADDRESS (- ST-ZIP						
TITLE	1 7	, ,,, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Delete	nn	<u>I</u>				hange	Addition	
NAME STREET ADDRESS				NAM Stri	Æ EET ADORESS						
CITY-SI-ZIP		,		CIP	r-SI-ZIP						
TITLE NAME			☐ Delete	TIT.	1				hange	Addition	
STREET ADDRESS CITY-ST-20P				SIR	EET ADDRESS Y-ST-ZIP						
IMLE			☐ Deleta	tin.					hange	Addition	
NAME STREET ADDRESS	}			MAA. STR	AE LEET ACOURESS						
CITY-ST-ZIP					Y-ST-ZIP						
TITLE			☐ Delete	TiTt					hange	Addition	
NAME STREET ADDRESS	,			NA. Str	VEET ADDRESS						
CITY-ST-ZIP	<u> </u>			CIT	Y-ST-ZP						
ITILE			☐ Delete	TITE					hange	Addition	
NAME STREET ADORESS	\ .			1	HEET ADORESS						
CITY - 51 - ZVP	<u> </u>				Y-51-21P						
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.											
SIGNATURE: 6.30.04 (407) 321-19										1910	
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