
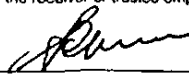


**FILED**  
**Jul 20, 2004 8:00 am**  
**Secretary of State**

07-07-2004 90018 023 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L03000026422</b>			
1. Entity Name <b>THE THERAPY CENTER, LLC</b>			
Principal Place of Business <b>305 N. MANGOUSTINE AVENUE, STE. 100 SANFORD, FL 32771</b>		Mailing Address <b>305 N. MANGOUSTINE AVENUE, STE. 100 SANFORD, FL 32771</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent <b>CHIDA, SHANAZ 305 N. MANGOUSTINE AVENUE, STE. 100 SANFORD, FL 32771</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHIDA, SHAHNAZ 305 N. MANGOUSTINE AVE., STE. 100 SANFORD, FL 32771 <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 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: 		6-30-04 (407) 321-1910	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	