2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 08, 2004
Secretary of State

DOCUMENT# L03000050068

Entity Name: SPA MEDICAL SERVICES LLC

Current Principal Place of Business:

1001 WEST CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

New Principal Place of Business:

2499 GLADES RD.
SUITE 202
BOCA RATON,, FL 33431

Current Mailing Address:

1001 WEST CYPRESS CREEK RD
FT LAUDERDALE, FL 33309

New Mailing Address:

2499 GLADES RD.
SUITE 202
BOCA RATON, FL 33431

FEI Number: 20-0449710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

RAHN, ERIC M
2499 GLADES ROAD, SUITE 202
BOCA RATON, FL 33431 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: RAHN, ERIC M
Address: 2499 GLADES RD. SUITE 202
City-St-Zip: BOCA RATON, FL 33431

Title: MGR ( ) Change (X) Addition
Name: RESS, ANDREW
Address: 2499 GLADES RD. SUITE 202
City-St-Zip: BOCA RATON, FL 33431

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: ERIC RAHN MGR 06/08/2004

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