


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 8:00 am
Secretary of State

04-20-2004 90187 038 ****50.00

DOCUMENT # L03000056316	
1. Entity Name FLORIDA THERAPY NETWORK, LLC	

Principal Place of Business 1501 MEDITERRANEAN ROAD EAST LAKE CLARKE SHORES, FL 33406	Mailing Address P.O. BOX 15047 WEST PALM BEACH, FL 33416
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44032391



2. Principal Place of Business As above		3. Mailing Address As above	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 45-0530589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent PERIALAS-GRADY, SOPHIA 1501 MEDITERRANEAN ROAD EAST LAKE CLARKE SHORES, FL 33406	7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERIALAS-GRADY, SOPHIA 1501 MEDITERRANEAN ROAD EAST LAKE CLARKE SHORES, FL 33406 <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: Sophia Perialas-Grady 4-14-04 (561)313-8779
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #