

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 08, 2005 8:00 am
Secretary of State

03-08-2005 90030 042 ****50.00

DOCUMENT # L04000007333

1. Entity Name

PROVIDIAN THERAPY, LLC



Principal Place of Business

285 CROOKED COURT
JACKSONVILLE FL 32259
US

Mailing Address

285 CROOKED COURT
JACKSONVILLE FL 32259
US

2. Principal Place of Business

1108 Basil Branch CT

Suite, Apt. #, etc.

3. Mailing Address

PMB 434 445 State Rd 13N

Suite, Apt. #, etc.

Suite 26

City & State

Jacksonville, FL

City & State

Jacksonville, FL

Zip

32259

Country

Zip

32259

Country

4. FEI Number

86-1095631

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARCHAND, TARA
285 CROOKED COURT
JACKSONVILLE FL 32259

7. Name and Address of New Registered Agent

Name

Tara Marchand

Street Address (P.O. Box Number is Not Acceptable)

1108 Basil Branch CT

City

Jacksonville

FL

Zip Code

32259

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing member
Tara Marchand
1108 Basil Branch CT
Jacksonville, FL 32259

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

Date

Daytime Phone #

2-2-05

9044345107