

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000007333 1. Entity Name PROVIDIAN THERAPY, LLC					
Principal Place of Business 1108 BASIL BRANCH CT JACKSONVILLE, FL 32259 US			Mailing Address PMB 434 445 STATE RD 13N STE 26 JACKSONVILLE, FL 32259 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03222006 Chg-LLC CR2E083 (11/05)	
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 1108 BASIL BRANCH CT JACKSONVILLE, FL 32259				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MARCHAND, TARA 1108 BASIL BRANCH CT JACKSONVILLE, FL 32259	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  TARA MARCHAND 4-22-06 9044345107					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					