

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000007333

FILED
Mar 28, 2010
Secretary of State

Entity Name: PROVIDIAN THERAPY, LLC

Current Principal Place of Business:

1108 BASIL BRANCH CT
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

PMB 434 445 STATE RD 13N STE 26
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 86-1095631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARCHAND, TARA
1108 BASIL BRANCH CT
JACKSONVILLE, FL 32259 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/MANAGERS:

Title: MGRM
Name: MARCHAND, TARA
Address: 1108 BASIL BRANCH CT
City-St-Zip: JACKSONVILLE, FL 32259

I hereby 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: TARA MARCHAND

MGRM

03/28/2010

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