2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# L04000007333

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:

450-106 S.R. 13N #406
JACKSONVILLE, FL 32259 US

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 Statues.

SIGNATURE: TARA MARCHAND MGRM 03/21/2011

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