2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# L04000045726

Entity Name: PRO-ACTIVE THERAPY SERVICES, PLLC

Current Principal Place of Business:

516 OSPREY DRIVE
#14-D
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

516 OSPREY DRIVE
#14-D
DELRAY BEACH, FL 33444 US

New Mailing Address:

FEI Number: 20-1279155 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHOLAKIS, PETER N
516 OSPREY DRIVE
#14-D
DELRAY BEACH, FL 33444 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/MEMBERS:

Title:	MGRM	( ) Delete
Name:	CHOLAKIS, PETER N	
Address:	516 OSPREY DRIVE, #14-D	
City-St-Zip:	DELRAY BEACH, FL 33444 US	
Title:	MGRM	( ) Delete
Name:	HATHAWAY, JEFFREY W	
Address:	4205 LONGBRANCH ROAD, STE. 8	
City-St-Zip:	LIVERPOOL, NY 13090 US	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEFF HATHAWAY MGR 04/28/2005

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