2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000081785

Entity Name: THERAPY PARTNERS LLC

FILED Apr 20, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3399 N.W 72 AVENUE 2901 S.W. 149 AVENUE, SUITE 140 SUITE 101

MIRAMAR, FL 33027 MIAMI, FL 33122

New Mailing Address: Current Mailing Address:

3399 N.W 72 AVENUE 2901 S.W. 149 AVENUE, SUITE 140

SUITE 101 MIRAMAR, FL 33027 MIAMI, FL 33122

FEI Number: 20-1863503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MATZA, ROCHELLE S MATZA, ROCHELLE S 2901 S.W. 149 AVENUE, SUITE 140 3399 N.W. 72 AVENUE

SUITE 101 MIRAMAR, FL 33027 MIAMI, FL 33122 US

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: 04/20/2005

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS: ADDITIONS/CHANGES:

MGRM Title: () Delete (X) Change () Addition ZIMMERMAN, PAUL M ZIMMERMAN, PAUL M Name: Name:

Address: 325 EAST SAN MARINO BEACH Address: 325 EAST SAN MARINO DRIVE City-St-Zip: MIAMI BEACH, FL 33339 US City-St-Zip: MIAMI BEACH, FL 33339 US

Title: MGR () Delete Title: () Change () Addition

GLASS, GERALD G Name: Name: Address: 3970 MARTIN COURT Address: City-St-Zip: WESTON, FL 33331 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: ROCHELLE S. MATZA 04/20/2005