2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L04000094034

Entity Name: CLEAR PASSAGE THERAPIES OF GAINESVILLE, LLC

Current Principal Place of Business:

6840 NE 225TH STREET
MELROSE, FL 32666

New Principal Place of Business:

3600 NW 43RD ST
STE A1
GAINESVILLE, FL 32666

Current Mailing Address:

6840 NE 225TH STREET
MELROSE, FL 32666

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WURN, LAWRENCE J
6840 NE 225TH STREET
MELROSE, FL 32666 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: MGR ( ) Delete
Name: WURN, LAWRENCE J
Address: 6840 NE 225TH STREET
City-St-Zip: MELROSE, FL 32666

ADDITIONS/CHANGES:

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: LAWRENCE J. WURN P 04/22/2005

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