

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063287

Entity Name: HSG THERAPY, LLC

FILED
May 11, 2006
Secretary of State

Current Principal Place of Business:

2000 W. COMMERCIAL BOULEVARD, SUITE 202
FORT LAUDERDALE, FL 33309

New Principal Place of Business:

2000 WEST COMMERCIAL BOULEVARD
SUITE 202
FORT LAUDERDALE, FL 33316

Current Mailing Address:

2000 W. COMMERCIAL BOULEVARD, SUITE 202
FORT LAUDERDALE, FL 33309

New Mailing Address:

2000 WEST COMMERCIAL BOULEVARD
SUITE 202
FORT LAUDERDALE, FL 33316

FEI Number: 20-3120866 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HANLEY, DAVID F ESQ
200 EAST LAS OLAS BOULEVARD, 19TH FLOOR
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

HANLEY, DAVID F ESQ
515 EAST LAS OLAS BOULEVARD
SUITE 850
FORT LAUDERDALE, FL 33301 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: DAVID F. HANLEY, ESQ.

05/11/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: BUBRICK, GEORGE J
Address: 2000 W. COMMERCIAL BLVD., SUITE 202
City-St-Zip: FORT LAUDERDALE, FL 33316

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GEORGE J. BUBRICK

P

05/11/2006

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