

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000093826

Entity Name: M & M THERAPY SERVICES LLC

FILED  
Mar 01, 2006  
Secretary of State

## Current Principal Place of Business:

15721 SONOMA DRIVE APT 106  
FORT MYERS, FL 33908

## New Principal Place of Business:

12334 COUNTRY DAY CIRCLE  
FORT MYERS, FL 33913

## Current Mailing Address:

15721 SONOMA DRIVE APT 106  
FORT MYERS, FL 33908

## New Mailing Address:

12334 COUNTRY DAY CIRCLE  
FORT MYERS, FL 33913

FEI Number: 02-0752202

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GINSBURG, NICOLO  
15721 SONOMA DRIVE APT 106  
FORT MYERS, FL 33908 US

## Name and Address of New Registered Agent:

GINSBURG, NICOLO  
12334 COUNTRY DAY CIRCLE  
FORT MYERS, FL 33913 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:

03/01/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GINSBURG, NICOLO  
Address: 15721 SONOMA DRIVE APT 106  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: GINSBURG, MARIA  
Address: 15721 SONOMA DRIVE APT 106  
City-St-Zip: FORT MYERS, FL 33908

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: GINSBURG, NICOLO  
Address: 12334 COUNTRY DAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

Title: MGRM (X) Change ( ) Addition  
Name: GINSBURG, MARIA  
Address: 12334 COUNTRY DAY CIRCLE  
City-St-Zip: FORT MYERS, FL 33913

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: GINSBURG, NICOLO

MGRM

03/01/2006

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