

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121634

FILED
May 30, 2006
Secretary of State

Entity Name: FLORIDA HYPNOTHERAPY, LLC

Current Principal Place of Business:

1030 NORTH ORANGE AVENUE, SUITE 105
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1030 NORTH ORANGE AVENUE, SUITE 105
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 20-3995790 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:

Name and Address of New Registered Agent:

DAVIS, E. NICHOLAS III
12200 WEST COLONIAL DRIVE, SUITE 303
WINTER GARDEN, FL 34787 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LUBINSKY, RANDY
Address: 1030 NORTH ORANGE AVENUE, SUITE 105
City-St-Zip: ORLANDO, FL 32801

Title: MGRM () Delete
Name: SZPORKA, MARK
Address: 1030 NORTH ORANGE AVENUE, SUITE 105
City-St-Zip: ORLANDO, FL 32801

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 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: MARK SZPORKA

MGRM

05/30/2006

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