

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121634

**FILED**  
**Mar 22, 2007**  
**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 ( )**

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

DAVIS, E. NICHOLAS III  
12200 WEST COLONIAL DRIVE, SUITE 303  
WINTER GARDEN, FL 34787 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/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:** /S/ RANDY LUBINSKY

MGRM

03/22/2007

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