


2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L09000112911		
1. Entity Name NUBIA THERAPY LLC		

SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 JUN -8 PM 2:44

Principal Place of Business 8364 HUNTSMAN PL BOCA RATON, FL 33433	Mailing Address 8364 HUNTSMAN PL BOCA RATON, FL 33433
---	---



2. Principal Place of Business - No P.O. Box # 8364 Huntsman pl	3. Mailing Address 8364 Huntsman pl
Suite, Apt. #, etc.	Suite, Apt. #, etc.

05122010 Chg-LLC CR2E083 (11/08)

City & State Boca Raton FL	City & State Boca Raton FL
Zip 33433	Zip 33433
Country USA	Country USA

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
---------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent COSCIA-WAGGONEN, MARY J EA 19666 MONTANA LANE BOCA RATON, FL 33434

7. Name and Address of New Registered Agent Name COSCIA WAGGONEN, MARY J EA Street Address (P.O. Box Number is Not Acceptable) 19666 Montana Lane City Boca Raton FL Zip Code 33433
--


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
-----------	---	------

FILE NOW!!! FEE IS \$138.75	Make check payable to Florida Department of State
-----------------------------	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COFFMAN, NUBIA E 8364 HUNTSMAN PL BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600181718216 06/04/10--01036--016 **138.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 	Date 5/20/10
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	

5617155423
JUN - 2010