

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90099 016 ****50.00



DOCUMENT # L01000008387

1. Entity Name
 MODERN THERAPY, L.L.C.

Principal Place of Business: 1250 E HALLANDALE BEACH BLVD., #902 HALLANDALE, FL 33009
 Mailing Address: 1250 E HALLANDALE BEACH BLVD., #902 HALLANDALE, FL 33009



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

02122004 Chg-LLC CR2E083 (10/03)

City & State

4. FEI Number: 65-1107623
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

ELLIS, SETH E ESQ.
 2600 N. MILITARY TRAIL, STE. 290
 SETH E. ELLIS, P.A.
 BOCA RATON, FL 33431

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ FL Zip Code: _____

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	MGRM JAVIER, MURIDA <input type="checkbox"/> Delete
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD., STE 902
CITY-ST-ZIP	HALLANDALE, FL 33029
TITLE NAME	MGR MARCIA, NANCY <input type="checkbox"/> Delete
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD., STE 902
CITY-ST-ZIP	HALLANDALE, FL 33029
TITLE NAME	MGR MARCIA, ANDRES <input type="checkbox"/> Delete
STREET ADDRESS	1250 E HALLANDALE BEACH BLVD., STE 902
CITY-ST-ZIP	HALLANDALE, FL 33029
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	MURCIA, JAVIER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	MURCIA, NANCY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	MURCIA, ANDRES <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 2-12-04 954454-8315
 Daytime Phone #