


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 23, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000003030**  
 1. Entity Name  
**TOTAL BODY SCAN LLC**



Principal Place of Business 20601 E. DIXIE HWY. SUITE 350 AVENTURA, FL 33180	Mailing Address 20601 E. DIXIE HWY. SUITE 350 AVENTURA, FL 33180
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**DO NOT WRITE IN THIS SPACE**



02142008 No Chg-LLC CR2E083 (12/07)

4. FEI Number <b>65-1071340</b>	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent  
 COHEN, DANIEL  
 21150 BISCAYNE BLVD  
 SUITE 305  
 AVENTURA, FL 33180

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_


**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COHEN, DANIEL 3575 NE 20TH ST., B6A AVENTURA, FL 33180
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U00000917476  
 05/13/08-80044-005 138.75

**DO NOT WRITE IN THIS SPACE**

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:**  **4/21/08 7869232000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #