

04-22-2002 90226 049 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000006725
 1. Entity Name
 TOTAL BODY SCAN MANAGEMENT LLC

Principal Place of Business: 3575 NE 207TH ST. SUITE B6A AVENTURA FL 33180
 Mailing Address: 3575 NE 207TH ST. SUITE B6A AVENTURA FL 33180

2. Principal Place of Business: 3575 NE 207 ST, Suite, Apt. #, etc. B6A, City & State: Aventura, FL, Zip: 33180, Country: USA
 3. Mailing Address: same, Suite, Apt. #, etc. same, City & State: same, Zip: same, Country: same



6. Name and Address of Current Registered Agent:
 LEINWAND, JONATHAN
 3370 NE 190TH STREET, SUITE 1805
 AVENTURA FL 33180

7. Name and Address of New Registered Agent:
 Name: DANIEL COHEN
 Street Address (P.O. Box Number is Not Acceptable): 21150 BISCAYNE BLVD, STE 302
 City: AVENTURA, FL, Zip Code: 33180

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.
 SIGNATURE: *Daniel Cohen* DANIEL COHEN MANAGER 4/10/02
Signature, typed or printed name of registered agent and year if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MANAGER	GELMAN			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
MANAGER	DANIEL COHEN	21150 BISCAYNE BLVD, STE 302	AVENTURA, FL 33180		<input checked="" type="checkbox"/>
MANAGER	GELMAN FRAYND	21150 BISCAYNE BLVD, STE 302	AVENTURA, FL 33180		<input checked="" type="checkbox"/>
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<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)(f), 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: *Daniel Cohen* 4/10/02 (305) 682-7860
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DATE Telephone #

CR2E083 (8/01)