

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006725

FILED
May 02, 2005
Secretary of State

Entity Name: TOTAL BODY SCAN MANAGEMENT LLC

Current Principal Place of Business:

3575 NE 207TH ST.
SUITE B6A
AVENTURA, FL 33180

New Principal Place of Business:

20601 EAST DIXIE HIGHWAY
SUITE 350
AVENTURA, FL 33180

Current Mailing Address:

3575 NE 207TH ST.
SUITE B6A
AVENTURA, FL 33180

New Mailing Address:

20601 EAST DIXIE HIGHWAY
SUITE 350
AVENTURA, FL 33180

FEI Number: 65-1071340 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

COHEN, DANIEL
21150 BISCAYNE BLVD
STE 302
AVENTURA, FL 33180 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/MEMBERS:

Title: MGR () Delete
Name: COHEN, DANIEL
Address: 21150 BISCAYNE BLVD STE 302
City-St-Zip: AVENTURA, FL 33180

Title: MGR () Delete
Name: FRAYND, GERMAN
Address: 21150 BISCAYNE BLVD STE 302
City-St-Zip: AVENTURA, FL 33180

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 Section 119.07(3)(i), 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: DANIEL COHEN

MGR

05/02/2005

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