

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 09, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000006725 <small>1. Entity Name</small> TOTAL BODY SCAN MANAGEMENT LLC					
<small>Principal Place of Business</small> 20601 EAST DIXIE HIGHWAY SUITE 350 AVENTURA, FL 33180			<small>Mailing Address</small> 20601 EAST DIXIE HIGHWAY SUITE 350 AVENTURA, FL 33180		
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>			
<small>Suite, Apt. #, etc.</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>	<small>Country</small>	<small>Zip</small>	<small>Country</small>	01272008 Chg-LLC CR2E053 (11/05)	
<small>4. FEI Number</small> 65-1071340				<input type="checkbox"/> <small>Applied For</small> <input type="checkbox"/> <small>Not Applicable</small>	
<small>5. Certificate of Status Desired</small>				<input type="checkbox"/> \$5.00 <small>Additional Fee Required</small>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
COHEN, DANIEL 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180			<small>Name</small> <hr/> <small>Street Address (P.O. Box Number is Not Acceptable)</small> <hr/> <hr/> <small>City</small> FL <small>Zip Code</small>		
<small>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.</small>					
<small>SIGNATURE</small> _____ <small>(NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small> _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
<small>TITLE</small>	<small>MGR</small> <input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>		<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>	COHEN, DANIEL	<small>NAME</small>	U00000564435 05/20/06-80063-010 50.00		
<small>STREET ADDRESS</small>	21150 BISCAYNE BLVD STE 302	<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>	AVENTURA, FL 33180	<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	<small>MGR</small> <input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>		<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>	FRAYND, GERMAN	<small>NAME</small>			
<small>STREET ADDRESS</small>	21150 BISCAYNE BLVD STE 302	<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>	AVENTURA, FL 33180	<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>		<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>		<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>			
<small>TITLE</small>	<input type="checkbox"/> <small>Delete</small>	<small>TITLE</small>		<input type="checkbox"/> <small>Change</small> <input type="checkbox"/> <small>Addition</small>	
<small>NAME</small>		<small>NAME</small>			
<small>STREET ADDRESS</small>		<small>STREET ADDRESS</small>			
<small>CITY-ST-ZIP</small>		<small>CITY-ST-ZIP</small>			
<small>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.</small>					
SIGNATURE:			4/8/06		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					