

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L01000006725 1. Entity Name TOTAL BODY SCAN MANAGEMENT LLC	
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Principal Place of Business 20601 EAST DIXIE HIGHWAY SUITE 350 AVENTURA, FL 33180	Mailing Address 20601 EAST DIXIE HIGHWAY 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 65-1071340	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, DANIEL
 21150 BISCAYNE BLVD
 STE 302
 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 _____
Signature, typed or printed name of registered agent and title if applicable.

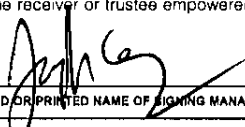
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR COHEN, DANIEL 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRAYND, GERMAN 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180
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U00000917471
 05/13/08-80044-003 138.75

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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:  Date: 4/21/08 Daytime Phone #: 7869432000

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