

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000093461

FILED
Apr 22, 2008
Secretary of State

Entity Name: APPLIED BIOTHERAPEUTICS, LLC

Current Principal Place of Business:

101A DUNBAR AVENUE
OLDSMAR, FL 34677

New Principal Place of Business:

141 STEVENS AVENUE
SUITE # 9
OLDSMAR, FL 34677

Current Mailing Address:

101A DUNBAR AVENUE
OLDSMAR, FL 34677

New Mailing Address:

141 STEVENS AVENUE
SUITE # 9
OLDSMAR, FL 34677

FEI Number: 20-1876091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERRELLI, RICHARD
101 A DUNBAR AVENUE
OLDSMAR FL, FL 34677 US

Name and Address of New Registered Agent:

FERRELLI, RICHARD
141 STEVENS AVENUE
9
OLDSMAR FL, FL 34677 US

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:

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FERRELLI, RICHARD
Address: 101A DUNBAR AVENUE
City-St-Zip: OLDSMAR, FL 34677

Title: MGR () Delete
Name: SCHMIDT, BRUNO
Address: 101A DUNBAR AVENUE
City-St-Zip: OLDSMAR, FL 34677

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FERRELLI, RICHARD
Address: 141 STEVENS AVENUE, STE # 9
City-St-Zip: OLDSMAR, FL 34677

Title: MGR (X) Change () Addition
Name: SCHMIDT, BRUNO
Address: 141 STEVENS AVENUE, # 9
City-St-Zip: OLDSMAR, FL 34677

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD FERRELLI

MGR

04/22/2008

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