

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000030786

FILED  
Feb 05, 2009  
Secretary of State

Entity Name: BIOSTEPS LLC

**Current Principal Place of Business:**

6065 NW 167TH STREET  
B-20  
MIAMI, FL 33015

**New Principal Place of Business:**

**Current Mailing Address:**

671 NW 172 TERRACE  
PEMBROKE PINES, FL 33029 US

**New Mailing Address:**

6065 NW 167TH STREET  
B-20  
MIAMI, FL 33015

FEI Number: 51-0673922

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MONOTO, MARIA S  
671 NW 172 TERRACE  
PEMBROKE PINES, FL 33029 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: BIONETWORKS INC.,  
Address: 1393 SW 1ST STREET  
City-St-Zip: MIAMI, FL 33135 US  
  
Title: MGR ( ) Delete  
Name: STEPS REHABILITATION INC.  
Address: 671 NW 172ND TERRACE  
City-St-Zip: PEMBROKE PINES, FL 33029 US

**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 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: MARIA SUSANA MONTOTO

MGR

02/05/2009

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