that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L0100006725

Entity Name: TOTAL BODY SCAN MANAGEMENT LLC

Current Principal Place of Business:

20601 EAST DIXIE HIGHWAY SUITE 350 AVENTURA, FL 33180

Current Mailing Address:

20601 EAST DIXIE HIGHWAY SUITE 350 AVENTURA, FL 33180

FEI Number: 65-1071340

Name and Address of Current Registered Agent:

GERMAN, FRAYND 21150 BISCAYNE BLVD STE 302 AVENTURA, FL 33180 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:

Electronic Signature of Registered Agent
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Authorized Person(s) Detail :

MGR	Title	MGR	
OKSEMBERG, JOSEPH	Name	FRAYND, GERMAN	
20601 EAST DIXIE HWY, SUITE 350	Address	21150 BISCAYNE BLVD STE 302	
AVENTURA FL 33180	City-State-Zip:	AVENTURA FL 33180	
	MGR OKSEMBERG, JOSEPH 20601 EAST DIXIE HWY, SUITE 350	MGRTitleOKSEMBERG, JOSEPHName20601 EAST DIXIE HWY, SUITE 350Address	

SIGNATURE: JOSEPH OKSEMBERG VP

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and

FILED Jan 09, 2014 Secretary of State CC6242705053

Certificate of Status Desired: No

01/09/2014 Date

Date