

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000034757

**Entity Name:** INSTITUTE FOR HORMONAL BALANCE, LLC

**Current Principal Place of Business:**

7009 DR. PHILLIPS BLVD.  
150  
ORLANDO, FL 32819

**Current Mailing Address:**

7009 DR. PHILLIPS BLVD.  
150  
ORLANDO, FL 32819

**FEI Number:** 26-2764835

**Certificate of Status Desired:** No

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

LEE, EDWIN NMD  
7009 DR. PHILLIPS BLVD.  
150  
ORLANDO, FL 32819 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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LEE, EDWIN NM.D.  
Address 7009 DR. PHILLIPS BLVD STE. 150  
City-State-Zip: ORLANDO FL 32819

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EDWIN LEE

**OWNER**

**02/04/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date