2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000095802

FILED
Jul 08, 2013
Secretary of State
CC0474350845

Entity Name: FUNCTIONAL MEDICINE MASTERS, LLC

Current Principal Place of Business:

602 LIME AVE
UNIT 202
CLEARWATER, FL 33756

Current Mailing Address:

602 LIME AVE
UNIT 202
CLEARWATER, FL 33756 US

FEI Number: 46-0692736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBERTA, HUNTINGTON
602 LIME AVE
UNIT 202
CLEARWATER, FL 33756 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	Title	MGRM
Name	HUNTINGTON, ERIC R	Name	PALMER, BOBBEE
Address	602 LIME AVE, UNIT 202	Address	P.O. BOX 982886
City-State-Zip:	CLEARWATER FL 33756	City-State-Zip:	PARK CITY UT 84098
Title	MGRM	Title	MGRM
Name	BEILHART, AUSTIN	Name	BEILHART, ROBERT
Address	1312 LUCINDA WAY	Address	294 SPOTTIS WOODE COURT
City-State-Zip:	TUSTIN CA 92780	City-State-Zip:	CLEARWATER FL 33756

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: ERIC R HUNTINGTON MGRM 07/08/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date