

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000144233

Entity Name: BIOIONIC INSTITUTE ISI LLC

Current Principal Place of Business:

685 SCARLET OAK CIRCLE
SUITE 125
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

685 SCARLET OAK CIRCLE
SUITE 125
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 47-5027041

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MUELLER, JEFFREY A
685 SCARLET OAK CIRCLE
SUITE 125
ALTAMONTE SPRINGS, FL 32701 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 MGR
Name BIOIONIC ITS,LLC
Address 944 MOUNTAIN WILLOW LANE
City-State-Zip: PARK CITY UT 84098

Title AMBR
Name WHITE PINES INVESTMENTS, LLC
Address 1740 COMBE RD STE 1
City-State-Zip: SOUTH OGDEN UT 84403

Title AMBR
Name BIOIONIC ITS, LLC
Address 944 MOUNTAIN WILLOW LANE
City-State-Zip: PARK CITY UT 84098

Title MBR, AMBR
Name JEFFREY A MUELLER MD LLC
Address 685 SCARLET OAK CIRCLE
SUITE 125
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title MGR
Name WHITE PINES INVESTMENTS, LLC
Address 1740 COMBE ROAD
SUITE 1
City-State-Zip: SOUTH OGEN UT 84403

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

SIGNATURE: JEFFREY A MUELLER

CHIEF MEDICAL OFFICER 04/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date