

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

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

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

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

*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