

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90130 011 ****50.00

DOCUMENT # L01000001412

1. Entity Name

FLORIDA INSTITUTE OF COMPLEMENTARY MEDICINE, LLC

DO NOT WRITE IN THIS SPACE

961467

2. Principal Place of Business

931 OAKFIELD DRIVE

3. Mailing Address

same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

BRANDON, FLORIDA

City & State

4. FEI Number

59-3696192

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Robert G. Clements, Esq.

Street Address (P.O. Box Number is Not Acceptable)

37 North ORANGE AVENUE

SUITE 500

City

ORLANDO

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
KENNETH HAMMOND, D.C.
5675 24TH AVENUE NORTH
ST. PETERSBURG, FL 33710

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CR2E083B (12/01)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE:

authorized rep.

4/29/02 (407) 926-4395

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE