

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 28, 2002 8:00 am**  
**Secretary of State**

08-28-2002 90035 004 \*\*\*\*50.00

**DOCUMENT # L01000015946**

1. Entity Name

**MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC**

Principal Place of Business

Mailing Address

**635 PRIMERA BOULEVARD, SUITE 111  
 LAKE MARY FL 32746**

**635 PRIMERA BOULEVARD, SUITE 111  
 LAKE MARY FL 32746**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3745525**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**ARNOLD, MATHENY & EAGAN, P.A.  
 801 N. MAGNOLIA AVENUE, SUITE 201  
 ORLANDO FL 32802**

7. Name and Address of New Registered Agent

Name

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

City

**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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **President / MGRM** ☐ Delete  
 NAME **JEFFREY A. MUELLER MD**  
 STREET ADDRESS **635 PRIMERA BLVD STE 111**  
 CITY-ST-ZIP **LAKE MARY, FL 32746**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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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:**

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

Date

Daytime Phone #

*Jeffrey A. Mueller MD* **REQUIRES 8/22/02**

**(407) 833-3881**

CR2E083 (4/02)