

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 30, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # L01000015946**

1. Entity Name  
**MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC**



Principal Place of Business  
**635 PRIMERA BOULEVARD, SUITE 111  
LAKE MARY, FL 32746**

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

**DO NOT WRITE IN THIS SPACE**



06302004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
**59-3745525**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

B. 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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 8, 2004**

100000171085  
08/30/04-80002-013.55.00

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
MUELLER, JEFFERY A MD  
635 PRIMERA BLVD STE 111  
LAKE MARY, FL 32746**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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)(b), 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 605, Florida Statutes.

**SIGNATURE:** \_\_\_\_\_

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

Date

Daytime Phone #

8/24/2004 (407) 833-3881