

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-29-2005 90040 011 ****50.00

20061550



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		
2. Principal Place of Business 251 Maitland Ave Suite, Apt. #, etc. Ste 104 City & State Altamonte Springs Zip 32701		3. Mailing Address 251 Maitland Ave Suite, Apt. #, etc. Ste 104 City & State Altamonte Springs Zip 32701		07072005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 59-3745525		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$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	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> FL Zip Code </div>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUELLER, JEFFERY A MD 635 PRIMERA BLVD STE 111 LAKE MARY, FL 32746 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Mueller, Jeffrey A MD 251 Maitland Ave Ste 104 Altamonte Springs, FL 32701 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <u>Jeffrey A. Mueller MD</u> Jeffrey A. Mueller MD 8/17/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

407 332-5703