

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 19, 2007 08:00 AM
Secretary of State

DOCUMENT # L01000015946

1. Entity Name
MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC



Principal Place of Business
**251 MAITLAND AVE
STE 104
ALTAMONTE SPRINGS, FL 32701**

Mailing Address
**251 MAITLAND AVE
STE 104
ALTAMONTE SPRINGS, FL 32701**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
**MGRM
MUELLER, JEFFERY A MD
251 MAITLAND AVE STE 104
ALTAMONTE SPRINGS, FL 32701**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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U00000670327
03/27/07-80107-015 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/16/07 407 374-5703