

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
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3745525	Applied For 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

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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 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
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 03/27/07-80107-015 50.00

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:  **3/16/07** **407 377-5703**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #