2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000015946



FILED Mar 11, 2003 8:00 am Secretary of State

MUELLER INSTITUTE FOR HOLISTIC MEDICINE PLC							03-11-2003	90024 ()26 ****50).00	
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	3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State		City & State	City & State			4. FEI Number 59-3745525 Applied F					_
Zip	Country	Zìp	Count	try	5. Ce	ertificate of	Status Desired		\$5.00 Ac	dditional	1
	6. Name and Address of Current	Registered Agent			7. Na	me and A	ddress of New	Registered	d Agent		1
ARNOLD, MATHENY & EAGAN, P.A. 801 N. MAGNOLIA AVENUE, SUITE 201 ORLANDO FL 32802				Street Address (P.O. Box Number			s Not Acceptabl	e)			
				City				F	Zip Coo	de	1
8. The above the obliga SIGNATURE	e named entity submits this statement for tions of registered agent. Signature, typed or printed name of registered agent.	<u></u> .			gistered ager		in the State of Fl	orida. I an	n familiar with	, and accept	7
		Make Check Payab Due	le to Flo	EE IS \$50 rida Depar y 1, 2003		tate					
9.	MANAGING MEMBE	RS/MANAGERS	10.				ADDITIONS	/CHANGE	S]
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUELLER, JEFFERY A MD 635 PRIMERA BLVD STE 111 LAKE MARY FL 32746	☐ Delete		T ADDRESS ST-ZIP					☐ Change	☐ Addition	000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET CITY-S	ADDRESS					☐ Change	Addition	}
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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 OF PRINTED HOME OF SIGNING MANAGE