

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000142

FILED
Apr 19, 2007
Secretary of State

Entity Name: INSTITUTE FOR ADVANCED MEDICAL SCIENCES AND TREATMENTS, LLC

Current Principal Place of Business:

1720 HARRISON STREET, SUITE #1805
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

PO BOX 6
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 35-2188257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, MARK F
1720 HARRISON STREET, SUITE 1805
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: JACKISH, PETER
Address: 1250 E. HALLANDALE BEACH BLVD., #901
City-St-Zip: HALLANDALE, FL 33009

Title: MGRM () Delete
Name: BUTLER, MARK F
Address: 1720 HARRISON STREET, SUITE 1805
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: MARK F. BUTLER

MGRM

04/19/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date