2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L02000003835

Entity Name: HARMONIX CLINICS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

4131 SOUTHSIDE BLVD
SUITE 107
JACKSONVILLE, FL 32216

New Principal Place of Business:

1181 S ROGERS CIRCLE
SUITE 22
BOCA RATON, FL 33487

Current Mailing Address:

4131 SOUTHSIDE BLVD
SUITE 107
JACKSONVILLE, FL 32216

New Mailing Address:

1181 S ROGERS CIRCLE
SUITE 22
BOCA RATON, FL 33487

FEI Number: 03-0388453 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERG, OYVIND
4131 SOUTHSIDE BLVD
SUITE 107
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

BERG, OYVIND
1181 S ROGERS CIRCLE
SUITE 22
BOCA RATON, FL 33487 US

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: 04/29/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BERG, OYVIND
Address: 4131 SOUTHSIDE BLVD SUITE 107
City-St-Zip: JACKSONVILLE, FL 32216

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BERG, OYVIND
Address: 1181 S ROGERS CIRCLE #22
City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify 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: OYVIND BERG MGRM 04/29/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date