## **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**DOCUMENT # L02000016493** 

## FILED Mar 19, 2004 8:00 am Secretary of State 03-19-2004 90271 036 \*\*\*\*50.00

1. Entity Nam ADVANC	ED BODY MEDICINE, LLC					03-19-2004	902/1 030 - 30	9.00	
Principal Place of Business  103 WEST-OAK-STREET, SUITE C-6 -KISSIMMEE, FL-34741		Mailing Address 11075 PRAIRIE HAWK DRIVE - ORLANDO, FL 32837			: 1001001	24025265			
2. Principal Place of Business 12701 S. John Young PK Suite, Apt. #, etc.		3. Mailing Address 12701 S. John Young PKU Suite, Apt. #, etc.			03102004	Chg-LLC	CR2E083 (10/03)		
City & State	hudo	City & State			4. FEI Numb	•	<del></del>	plied For t Applicable	
- Zip 3283		Zip -32837	837 Country		5. Certificate of Status Desire		sd S5.00 Additional Fee Required		
	6. Name and Address of Current F	<del></del>			7. Name an	d Address of New R	egistered Agent		
S <del>PIEGEL &amp; UTRERA</del> , P.A.					OSWA HO PO PO				
14075 PR/	TIRIE HAWK DRIVE	Street Address (			ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)			
OREANDO	7, FL 32837	1270			11 S. John Young PKWY				
		City DR/4			LAND	FL Zip Code 37 827			
8. The above named entity submits his 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 operate of egistered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE									
Sprinkline, typed dystypestiging dyselficience agent and me it applicable. (Into it: neglicience Agent Substitute required which resistating)									
Fi D	iling Fee is \$50.00 ue by May 1, 2004					Make check payable to Florida Department of State			
9.	MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS/	CHANGES		
TITLE NAME	MGR PEREZ, OSWALDO	☐ Delete	TITLE NAME	1	swaldo	A3 ~~~	Change	Addition Addition	
STREET ADDRESS	921 N. MAIN STREET STE. 203					John 4	bons aki	UG .	
CITY-ST-ZIP	KISSIMMEE, FL-34744		слу-:	ST-ZIP	RLANDO	FC 32	<u> </u>		
TITLE NAME	MGR CABELLO, MARCOS	☐ Delete	TITLE		IGR. ARCOS CA	(an 11 -	Change	☐ Addition	
STREET ADDRESS	921 N. MAIN STREET STE. 203			T ADDRESS	270150	36 NO P	Kay		
CITY-ST-ZIP	KISSIMMEE, FL 34744		СПҮ-		RLAND	0, FC	<u> 32837                                     </u>		
TITLE NAME	MGR COHEN, ROBERT	☐ Delete	TITLE	سيرا	GR Wobert a	OHOA >	Change	☐ Addition	
STREET ADDRESS	921 N. MAIN STREET STE. 203		STREE	T ADDRESS	12701 5	130 FZ	PK ~ T		
CITY-ST-ZIP	KISSIMMEE, FL 34744	<b>D</b>	1	ST-ZIP C	PLANO	lo, the	_ /	□ A.4.201	
NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS			1	T ADDRESS					
CITY-ST-ZIP			CITY-:	ST-ZIP		<u> </u>	☐ Change	Addition	
TITLE NAME		Delete	TITLE NAME				C Change	CT MODITOR	
STREET ADDRESS CITY-ST-ZIP				T ADDRESS ST-ZIP				İ	
TITLE		☐ Delete	TITLE	31-211			☐ Change	☐ Addition	
NAME			NAME					_	
STREET ADDRESS CITY-ST-ZiP	<b>^</b>			T ADDRESS ST-ZIP					
11. 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 by flustee empowered to execute this report as required by Chapter 608, Florida Statutes.									
		•				f j			
SIGNATURE 3 10/04 407-5/8-5555 SIGNATURE AND TYPED CHARACTED MAME OF BIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Days Daysime Phone #									
	BIGHATUNE AND ITYED OF BAINTED FAME OF	oluning managing Member, MAN	AGEN, DR	AU I NUKIZEU RE	LINESENIA IIVE	Date	Daytime Phone #		