
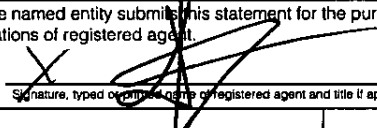
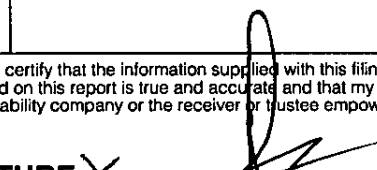


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2004 8:00 am**  
**Secretary of State**

03-19-2004 90271 036 \*\*\*\*50.00

<b>DOCUMENT # L02000016493</b>					
<b>1. Entity Name</b> ADVANCED BODY MEDICINE, LLC					
<b>Principal Place of Business</b> 103 WEST OAK STREET, SUITE C-6 KISSIMMEE, FL 34741			<b>Mailing Address</b> 11075 PRAIRIE HAWK DRIVE ORLANDO, FL 32837		
<b>2. Principal Place of Business</b> 12701 S. John Young PKWY Suite, Apt. #, etc.		<b>3. Mailing Address</b> 12701 S. John Young PKWY Suite, Apt. #, etc.		<b>24025265</b>	
City & State ORLANDO		City & State ORLANDO		<b>4. FEI Number</b> 01-0726971	
Zip 32837		Country ORANGE		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> SPIEGEL & UTRERA, P.A. 14075 PRAIRIE HAWK DRIVE ORLANDO, FL 32837				<b>7. Name and Address of New Registered Agent</b> Name: OSWALDO PEREZ Street Address (P.O. Box Number is Not Acceptable): 12701 S. John Young PKWY City: ORLANDO FL Zip Code: 32837	
<b>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.</b> SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: 3/10/04					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
<b>9. MANAGING MEMBERS / MANAGERS</b>			<b>10. ADDITIONS / CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PEREZ, OSWALDO 921 N. MAIN STREET STE. 203 KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR OSWALDO PEREZ 12701 S. John Young PKWY ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CABELLO, MARCOS 921 N. MAIN STREET STE. 203 KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCOS CABELLO 12701 S. John Young PKWY ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COHEN, ROBERT 921 N. MAIN STREET STE. 203 KISSIMMEE, FL 34744	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROBERT COHEN 12701 S. John Young PKWY ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR [Blank] [Blank] [Blank]	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank] [Blank] [Blank] [Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 			Date: 3/10/04 Daytime Phone #: 407-518-5555		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					