


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

DOCUMENT # L02000016493

1. Entity Name
ADVANCED BODY MEDICINE, LLC



Principal Place of Business
**103 WEST OAK STREET, SUITE C-6
 KISSIMMEE, FL 34741**

Mailing Address
**11075 PRAIRIE HAWK DRIVE
 ORLANDO, FL 32837**

24025265



2. Principal Place of Business
12701 S. John Young Pkwy
 Suite, Apt. #, etc.

3. Mailing Address
12701 S. John Young Pkwy
 Suite, Apt. #, etc.

03102004 Chg-LLC CR2E083 (10/03)

City & State
ORLANDO

City & State
ORLANDO

4. FEI Number
01-0726971

Applied For
 Not Applicable

Zip
32837

Country
ORANGE

Zip
32837

Country
ORANGE

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
**SPIEGEL & UTRERA, P.A.
 14075 PRAIRIE HAWK DRIVE
 ORLANDO, FL 32837**

7. Name and Address of New Registered Agent

Name
OSWALDO PEREZ

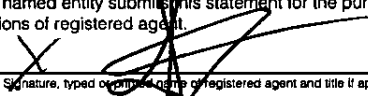
Street Address (P.O. Box Number is Not Acceptable)
12701 S. John Young Pkwy

City
ORLANDO

State
FL

Zip Code
32837

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

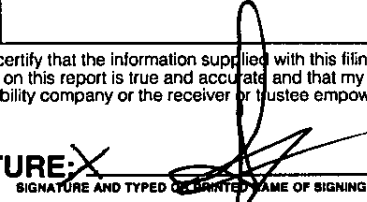
DATE **3/10/04**

Filing Fee is \$50.00 Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
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 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 PKWY ORLANDO, FL 32837	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

DATE **3/10/04**

Daytime Phone # **407-518-5555**