2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L02000016493

1. Entity Name
ADVANCED BODY MEDICINE, LLC

Principal Place of Business	Mailing Address
12701 S. JOHN YOUNG PK ORLANDO, FL 32837	12701 S. JOHN YOUNG PKWY ORLANDO, FL 32837

01132005No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0726971

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEREZ, OSWALDO
12701 S. JOHN YOUNG PKWY
ORLANDO, FL 32837

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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
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is $50.00
Due by May 1, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	PEREZ, OSWALDO
STREET ADDRESS	12701 S. JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	MGR
NAME	CABELLO, MARCOS
STREET ADDRESS	12701 S. JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	MGR
NAME	COHEN, ROBERT
STREET ADDRESS	12701 S. JOHN YOUNG PKWY
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

100000030371
02/15/05-80040-020 50.00

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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: _____ 01/13/05 407-856-0076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #