2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State
03-27-2003 90013 010 ****55.00

DOCUMENT # L02000016493

1. Entity Name
ADVANCED BODY MEDICINE, LLC

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	11075 PRAIRIE HAWK DR Suite, Apt. #, etc.
City & State	City & State: ORLANDO, FLORIDA
Zip / Country	Zip: 32837 / Country: ORANGE

☐ CHECK HERE IF MAKING CHANGES

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	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SOUTHWEST 22ND STREET, 4TH FLOOR MIAMI FL 33145	Name: OSWALDO PEREZ Street Address (P.O. Box Number is Not Acceptable): 11075 PRAIRIE HAWK DRIVE City: ORLANDO 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 X _____ 3/13/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR ☒ Delete	TITLE	MGR/P ☐ Change ☒ Addition
NAME	MENDEZ, MARCO A.	NAME	OSWALDO PEREZ
STREET ADDRESS	103 WEST OAK STREET, SUITE C-6	STREET ADDRESS	11075 PRAIRIE HAWK DRIVE
CITY-ST-ZIP	KISSIMMEE FL 34741	CITY-ST-ZIP	ORLANDO, FLORIDA 32837
TITLE	☐ Delete	TITLE	MGR/VP ☐ Change ☒ Addition
NAME		NAME	MARCOS CABELLO
STREET ADDRESS		STREET ADDRESS	11075 PRAIRIE HAWK DRIVE
CITY-ST-ZIP		CITY-ST-ZIP	ORLANDO, FLORIDA 32837
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E083 (10/02)

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: X SIGNATURE REQUIRED 3/13/03 407-888-3345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #