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2003 SEP 29 PM 4:55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000016832

1. Entity Name
THE GALIEN INSTITUTE, LLC.

Principal Place of Business
3003 CARDINAL DRIVE STE.F
VERO BEACH, FL 32963

Mailing Address
3003 CARDINAL DRIVE STE.F
VERO BEACH, FL 32963

2. Principal Place of Business		3. Mailing Address	
1715 37TH PL		1715 37TH PL	
Suite, Apt. #, etc. SECOND FLOOR		Suite, Apt. #, etc. SECOND FLOOR	
City & State VERO BEACH, FL		City & State VERO BEACH, FL	
Zip 32960	County IND. RIVER	Zip 32960	County IND RIVER

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 05-0521457 — Applied For — Not Applicable

6. Certificate of Status Desired ☐ $5.00 Additional Fee Required

5. Name and Address of Current Registered Agent
KANCILIA, JOHN R
1800 WEST HIBISCUS BOULEVARD STE.138
MELBOURNE, FL 32901

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 ______ Date ______

[illegible]

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM FERNANDO MIRANDA MD ☐ Delete 3003 CARONIAL DR, #F VERO BEACH, FL 32963	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM CURTIS DALITI, MD ☐ Delete 1715 37TH PL, 2ND FL. VERO BEACH, FL 32960	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM THOMAS W LEWIS MD ☐ Delete 1715 37TH PL, 2ND FL VERO BEACH, FL 32960	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TAHER HUSAINI, MD ☐ Delete 777 37TH ST, # D-105 VERO BEACH FL 32960	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NICHOLAS RUTLEDGE DPM ☐ Delete 1850 37TH ST VERO BEACH, FL 32960	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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: [signature] 8/18/03 772-799-2222
Signature, typed or printed name of signing managing member, manager, or authorized representative — Date — Daytime Phone