

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000047577

Entity Name: PALM BEACH MEDITOX, LLC

FILED
Apr 03, 2007
Secretary of State

Current Principal Place of Business:

2051 45TH STREET, STE. 205
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

2051 45TH STREET, STE. 205
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-1287638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AGRESTI, MARK G
2151 45TH STREET, STE. 207
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AGRESIT, MARK G
Address: 2151 45TH STREET STE 207
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGRM () Delete
Name: BIRNBAUM, STUART
Address: 2051 45TH STREET STE 205
City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM () Change (X) Addition
Name: DASHEV, DAVID
Address: 2051 45TH STREET, STE 205
City-St-Zip: WEST PALM BEACH, FL 33407

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DAVID DASHEV

MGRM

04/03/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date