2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# L05000034814

Entity Name: TONABA HEALTHSCIENCE II, LLC

Current Principal Place of Business:

565 JEFFERSON DRIVE
#115
DEERFIELD BEACH, FL 33442 US

New Principal Place of Business:

Current Mailing Address:

565 JEFFERSON DRIVE
#115
DEERFIELD BEACH, FL 33442 US

New Mailing Address:

FEI Number: 20-2740653 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FELDMAN, NATHAN L DR
565 JEFFERSON DRIVE
#115
DEERFIELD BEACH, FL 33442 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: FELDMAN, NATHAN L DR
Address: 565 JEFFERSON DRIVE, #115
City-St-Zip: DEERFIELD BEACH, FL 33442 US

Title: MGRM ( ) Delete
Name: ROBALLEY, THOMAS C DR
Address: 19 GRISTMILL LANE
City-St-Zip: HUNTINGTON, CT 06484 US

Title: MGRM ( ) Delete
Name: SCHWIBNER, BARRY H MD
Address: 3775 MYKONOS COURT
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: NATHAN L. FELDMAN MGRM 04/30/2007

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