

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084042

Entity Name: JOINT DEGREE LABS, LLC

FILED
Jan 15, 2009
Secretary of State

Current Principal Place of Business:

801 S OLIVE AVE STE 1201
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

801 S OLIVE AVE STE 1201
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 20-3382707

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEUFELD, JASON
1280 SOUTH ALHAMBRA CIRCLE #2212
CORAL GABLES, FL 33146 US

Name and Address of New Registered Agent:

NEUFELD, JASON
801 S. OLIVE AVENUE
1201
WEST PALM BEACH, FL 33401 US

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: JASON NEUFELD

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: NEUFELD, JASON
Address: 801 S OLIVE AVE 1201
City-St-Zip: WEST PALM BEACH, FL 33401

Title: MGR () Delete
Name: HERTZBERG, JUSTIN
Address: 801 S OLIVE AVE 1201
City-St-Zip: WEST PALM BEACH, FL 33401

ADDITIONS/CHANGES:

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: JASON NEUFELD

MGR

01/15/2009

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