

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123573

FILED
Mar 25, 2008
Secretary of State

Entity Name: CENTER OF INTEGRATED MEDICINE LLC

Current Principal Place of Business:

9070 58TH DRIVE EAST
101
BRADENTON, FL 34202 US

Current Mailing Address:

9070 58TH DRIVE EAST
101
BRADENTON, FL 34202 US

New Principal Place of Business:

9050 58TH DRIVE EAST
101
BRADENTON, FL 34202 US

New Mailing Address:

9050 58TH DRIVE EAST
101
BRADENTON, FL 34202 US

FEI Number: 20-4015420

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRON, OWEN
413 PAMETO ROAD
NOKOMIS, FL 34275 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: MARRON, OWEN DOM
Address: 9050 58TH DR E STE 101
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGRM () Delete
Name: MARRON, MARY E
Address: 9050 58TH DR E STE 101
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARRON, OWEN B MGRM
Address: 9050 58TH DR E STE 101
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

Title: MGRM (X) Change () Addition
Name: MARRON, MARY E MGRM
Address: 9050 58TH DR E STE 101
City-St-Zip: LAKEWOOD RANCH, FL 34202 US

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: OWEN MARRON

MGRM

03/25/2008

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