

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022014

FILED  
Feb 28, 2007  
Secretary of State

**Entity Name:** ACCELERATED HEALING TECHNOLOGIES, LLC

**Current Principal Place of Business:**

20 LIGHTHOUSE POINT DRIVE  
LONGBOAT KEY, FL 34228

**New Principal Place of Business:**

**Current Mailing Address:**

20 LIGHTHOUSE POINT DRIVE  
LONGBOAT KEY, FL 34228

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
350 E. LAS OLAS BLVD., SUITE 1600  
LAS OLAS CENTRE II  
FORT LAUDERDALE, FL 33301 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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

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

**ADDITIONS/CHANGES:**

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      SIMONSON, PETER M  
Address:                      20 LIGHTHOUSE POINT RD  
City-St-Zip:                      LONGBOAT KEY, FL 34228

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      RIEMAN, THOMAS  
Address:                      5007 RIDGEVIEW DR.  
City-St-Zip:                      PARKER, TX 75002

Title:                      MGR                      ( ) Change (X) Addition  
Name:                      RIEMAN, CHUCK  
Address:                      1839 MIDDLE RIVER DR. #300  
City-St-Zip:                      FT. LAUDERDALE, FL 33305

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: PETER M SIMONSON

MGR

02/28/2007

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