2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE AND TYPED OR PRINTED NAME OF

Feb 19, 2008 8:00 am Secretary of State DOCUMENT # L06000039037 02-19-2008 90065 026 ***138.75 HIPPOCRATES WAY, LLC Principal Place of Business Mailing Address 60009225 30 DUKE DRIVE 30 DUKE DRIVE LAKE WORTH, FL 33460 LAKE WORTH, FL 33460 02072008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLEMENT, BRIAN R DO NOT WRITE 30 DUKE DRIVE LAKE WORTH, FL 33460 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOWIT FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 MANAGING MEMBERS/MANAGERS **MGRM** TITLE NAME HIPPOCRATES HEALTH INSTITUTE STREET ADDRESS 30 DUKE DRIVE CITY-ST-ZIP LAKE WORTH, FL 33460 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE:

AUTHORIZED REPRESENTATIVE

FILED