

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

03-06-2007 90076 023 \*\*\*\*50.00

<b>DOCUMENT # L06000067879</b>					
<b>1. Entity Name</b> FLORIDA INSTITUTE FOR INTEGRATIVE MEDICAL RESEARCH, LLC					
<b>Principal Place of Business</b> 2909 N. ORANGE AVE., SUITE 104 ORLANDO, FL 32804			<b>Mailing Address</b> 12138 CALLISTA CT. ORLANDO, FL 32825		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b> 2909 N. Orange Ave.			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Ste. 104			
City & State		City & State Orlando FL.			
Zip	Country	Zip 32804	Country USA		
<div style="display: flex; justify-content: space-between;"> <span>01092007    Chg-LLC    CR2E083 (12/06)</span> </div>					
<b>4. FEL Number</b> 51-0593234				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> \$5.00 Additional Fee Required					
<b>6. Name and Address of Current Registered Agent</b>  MUELLER, JEFFREY A MD 12138 CALLISTA CT. ORLANDO, FL 32825			<b>7. Name and Address of New Registered Agent</b>		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: <b>FL</b> Zip Code		
<b>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 Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE: <u>Jeffrey Mueller (President) Jeffrey Mueller</u> DATE: <u>1/30/07</u> <small>Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>				<b>10. ADDITIONS/CHANGES</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MUELLER, JEFFREY A MD 12138 CALLISTA CT. ORLANDO, FL 32825			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	2909 N. Orange Ave., Ste 104 Orlando, FL. 32804			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> <u>Jeffrey Mueller</u> <b>JEFFREY MUELLER</b> Date: <u>1/30/07</u> Daytime Phone #: <u>407 332 5703</u>					