

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2008 8:00 am
Secretary of State

03-28-2008 90173 046 ***138.75

DOCUMENT # L06000067879 1. Entity Name FLORIDA INSTITUTE FOR INTEGRATIVE MEDICAL RESEARCH, LLC			
Principal Place of Business 2909 N. ORANGE AVE., SUITE 104 ORLANDO, FL 32804		Mailing Address 2909 N. ORANGE AVE., SUITE 104 ORLANDO, FL 32804	
2. Principal Place of Business - No P.O. Box # 251 MAITLAND AVE		3. Mailing Address 251 MAITLAND AVE	
Suite, Apt. #, etc. STE 104		Suite, Apt. #, etc. STE 104	
City & State ALTAMONTE SPRINGS FL		City & State ALTAMONTE SPRINGS FL	
Zip 32701		Zip 32701	
Country		Country	
4. FEI Number 51-0593234		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MUELLER, JEFFREY A MD 12138 CALLISTA CT. ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUELLER, JEFFREY A MD 2909 N ORANGE AVE STE 104 ORLANDO, FL 32804 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: <u>Jeffrey A. Mueller</u> Jeffrey A. Mueller 3/25/08 (407) 332.5703 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>			