

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067879

FILED
Apr 09, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE FOR INTEGRATIVE MEDICAL RESEARCH, LLC

Current Principal Place of Business:

251 MAITLAND AVE STE 104
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

251 MAITLAND AVE STE 104
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 51-0593234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MUELLER, JEFFREY A MD
12138 CALLISTA CT.
ORLANDO, FL 32825 US

Name and Address of New Registered Agent:

MUELLER, JEFFREY A MD
616 CHESTNUT OAK CIRCLE, UNIT 108
ALTAMONTE SPRINGS, FL 32701 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MUELLER, JEFFREY A MD
Address: 2909 N ORANGE AVE STE 104
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MUELLER, JEFFREY A MD
Address: 616 CHESTNUT OAK CIRCLE, UNIT 108
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: JEFFREY A. MUELLER, M.D.

MGRM

04/09/2009

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