

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087767

FILED
Jul 09, 2007
Secretary of State

Entity Name: CENEGENICS MEDICAL INSTITUTE OF BOCA RATON, LLC

Current Principal Place of Business:

3200 NORTH FEDERAL HWY., SUITE 223
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

3200 NORTH FEDERAL HWY., SUITE 223
BOCA RATON, FL 33431

New Mailing Address:

FEI Number: 20-5869644 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

STEIN, JACK
1499 WEST PALMETTO PARK ROAD
SUITE 300
BOCA RATON, FL 33486 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: WILLIX, ROBERT D JR.
Address: 3200 NORTH FEDERAL HWY., SUITE 223
City-St-Zip: BOCA RATON, FL 33431

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBERT D. WILLIX

MANA

07/09/2007

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