2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

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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:

501 EAST CAMINO REAL
BOCA RATON, FL 33432

Current Mailing Address:

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

New Mailing Address:

501 EAST CAMINO REAL
BOCA RATON, FL 33432

FEI Number: 20-5869644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

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

ADDITIONS/CHANGES:

Title: CEO (X) Change ( ) Addition
Name: WILLIX, ROBERT D JR.
Address: 501 EAST CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

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 WILLIX JR. CEO 04/29/2008

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