## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087767

Name:

Address:

City-St-Zip:

501 EAST CAMINO REAL

BOCA RATON, FL 33432

Entity Name: CENEGENICS MEDICAL INSTITUTE OF BOCA RATON, LLC

**FILED** Mar 23, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 501 EAST CAMINO REAL BOCA RATON, FL 33432 **Current Mailing Address: 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 (X) 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: () Delete Title: () Change () Addition WILLIX, ROBERT D JR.

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 JR. MD 03/23/2009