

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000011278

FILED
Jan 16, 2009
Secretary of State

Entity Name: FLORIDA MEDICAL MASSAGE & CONSULTING, LLC

Current Principal Place of Business:

2699 STIRLING RD, SUITE C-306F
FT. LAUDERDALE, FL 33162 US

New Principal Place of Business:

2699 STIRLING RD, SUITE C-306F
FT. LAUDERDALE, FL 33312 US

Current Mailing Address:

16701 NE 14TH AVE., #301
NORTH MIAMI BEACH, FL 33162

New Mailing Address:

2699 STIRLING RD, SUITE C-306F
FT. LAUDERDALE, FL 33312 US

FEI Number: 20-8371028

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REID, DEBORAH L
16701 NE 14TH AVE.
301
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

REID, DEBORAH L
3801 S OCEAN DR.
APT. 2B
HOLLYWOOD, FL 33019 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: DEBORAH REID

01/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLORIDA MEDICAL MASS, AGE & CONSULTING, LLC
Address: 16701 NE 14TH AVE, #301
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FLORIDA MEDICAL MASS, AGE & CONSULTING, LLC
Address: 3801 S OCEAN DR. APT 2B
City-St-Zip: HOLLYWOOD, FL 33019 US

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: DEBORAH REID

MGR

01/16/2009

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