2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000031071

Entity Name: BERNSTEIN PRAWER, LLC

FILED Mar 02, 2009 Secretary of State

Certificate of Status Desired ()

Name and Address of New Registered Agent:

Current Principal Place of Business:	New Principal Place of Business:
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21 KERN ROAD, C/O DR. BERNSTEIN HEALTH & D 21 KERN ROAD

IET CLINICS

C/O DR. BERNSTEIN HEALTH & DIET CLINICS TORONTO, ONTARIO, ON M3B1S9 CA TORONTO, ONTARIO, ON M3B1S9 CA

New Mailing Address: **Current Mailing Address:**

21 KERN ROAD 21 KERN ROAD, C/O DR. BERNSTEIN HEALTH & D

FEI Number Applied For ()

IET CLINICS C/O DR. BERNSTEIN HEALTH & DIET CLINICS

TORONTO, ONTARIO, ON M3B1S9 TORONTO, ONTARIO, ON M3B1S9

FEI Number Not Applicable ()

Name and Address of Current Registered Agent:

STEWART, J. DARIN 301 E. PINE STREET, SUITE 1400 GRAYROBINSON, P.A. ORLANDO, FL 32801 US

FEI Number: 20-8729244

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:

MGR () Delete Title: () Change () Addition

BERNSTEIN, STANLEY K DR. Name: Name: 21 KERN ROAD Address: Address:

City-St-Zip: TORONTO, ON M3B1S9 CA City-St-Zip:

Title: MRG () Delete Title: () Change () Addition

BERNSTEIN, WARREN Name: Name: Address: 21 KERN ROAD Address: City-St-Zip: TORONTO, ON M3B1S9 CA City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

PRAWER, JOEL S DR. Name: Name: Address: 21 KERN ROAD Address: City-St-Zip: TORONTO, ON M3B1S9 CA City-St-Zip:

Title: () Delete Title: **TCFO** () Change (X) Addition

Name: Name: REITAN, JAMES O Address: Address: 21 KERN RD

City-St-Zip: City-St-Zip: TORONTO, ON M3B1S9 CA

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: JAMES O. REITAN **TCFO** 03/02/2009