

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043921

FILED
Apr 17, 2009
Secretary of State

Entity Name: ADVANCED TOUCH THERAPIES, LLC

Current Principal Place of Business:

1865 NE 117 ROAD
NORTH MIAMI, FL 33181

New Principal Place of Business:

2106 NE 123 STREET
NORTH MIAMI, FL 33181

Current Mailing Address:

1865 NE 117 ROAD
NORTH MIAMI, FL 33181

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DANIELS, NICHOLAS M ESQ.
THERREL BAISDEN, PA SUNTRUST INTL CENTER
ONE S.E. 3RD AVENUE, SUITE 2950
MIAMI, FL 33131 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: MS () Delete
Name: BLUMIN, SUSAN B
Address: 1865 NE 117 ROAD
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES:

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: SUSAN B BLUMIN

MS

04/17/2009

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