

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093284

FILED
May 01, 2008
Secretary of State

Entity Name: UNIVERSITY OF MEDICINE AND HEALTH SCIENCES, LLC

Current Principal Place of Business:

1111 HYPOLUXO RD
STE 203
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

1111 HYPOLUXO RD
STE 203
LANTANA, FL 33462

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

DREYER, DAVID E ESQ
JONES, FOSTER, JOHNSON & STUBBS
801 MAPLEWOOD DR - STE 22-A
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 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: DAVID E. DREYER, ESQ.

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: M Change (X) Addition
Name: ROSS, ROBERT
Address: 1111 HYPOLUXO ROAD, SUITE 203
City-St-Zip: LANTANA, FL 33462

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: DR. ROBERT ROSS

M

05/01/2008

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