

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113513

Entity Name: CURAME CLINICS LLC

FILED
Jul 24, 2009
Secretary of State

Current Principal Place of Business:

249 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

249 MAITLAND AVENUE
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

249 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

249 MAITLAND AVENUE
SUITE 1020
ALTAMONTE SPRINGS, FL 32701

FEI Number: 71-1041304 FEI Number Applied For () FEI Number Not Applicable () 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:

Name and Address of New Registered Agent:

WESTER, FRANS
249 MAITLAND AVENUE
ALTAMONTE SPRINGS, FL 32701 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:

Title: MGR () Delete
Name: E3 USA, INC.
Address: 249 MAITLAND AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: FRANS WESTER

MGR.

07/24/2009

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