2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000023924

Entity Name: ACADEMY OF LYMPHATIC STUDIES HOLDING COMPANY, LLC

Current Principal Place of Business:

11632 HIGH STREET
SUITE A
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

550 WARRENVILLE ROAD
SUITE 210
LISLE, IL 60532

New Mailing Address:

PO BOX 99
ITASCA, IL 60143

FEI Number: 26-2125006 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MERWIN, DAVID
11632 HIGH ST.
SUITE A
SEBASTIAN, FL 32958 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: MGR ( ) Delete
Name: MERWIN, DAVID
Address: 550 WARRENVILLE ROAD, SUITE 220
City-St-Zip: LISLE, IL 60532

Title: MGR ( ) Delete
Name: ROBINSON, JOHN
Address: 550 WARRENVILLE ROAD
City-St-Zip: LISLE, IL 60532

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MERWIN, DAVID
Address: PO BOX 99
City-St-Zip: ITASCA, IL 60143

Title: MGR (X) Change ( ) Addition
Name: ROBINSON, JOHN
Address: PO BOX 99
City-St-Zip: ITASCA, IL 60143

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: SHANNON BONDER MS 03/20/2009

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