2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 28, 2009
Secretary of State

DOCUMENT# L08000091651

Entity Name: KINAESTHETICS, LLC

Current Principal Place of Business:

2000 N. MERIDIAN RD #215
TALLAHASSEE, FL 32303

New Principal Place of Business:

6519 WEST NEWBERRY ROAD
909
GAINESVILLE, FL 32605

Current Mailing Address:

2000 N. MERIDIAN RD #215
TALLAHASSEE, FL 32303

New Mailing Address:

6519 WEST NEWBERRY ROAD
909
GAINESVILLE, FL 32605

FEI Number: 20-4205455 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

RIVERA, GERARDO M
5057 SHULER ROAD
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

RIVERA, GERARDO M
6519 WEST NEWBERRY ROAD
#909
GAINESVILLE, FL 32605 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: _____ 07/28/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PICART, CAROLINE J DR.
Address: 2000 N. MERIDIAN RD #215
City-St-Zip: TALLAHASSEE, FL 32303

Title: MGR ( ) Delete
Name: RIVERA, GERARDO
Address: 5057 SHULER RD.
City-St-Zip: TALLAHASSEE, FL 32304

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PICART, CAROLINE J DR.
Address: 6519 WEST NEWBERRY ROAD #909
City-St-Zip: GAINESVILLE, FL 32605

Title: MGR (X) Change ( ) Addition
Name: RIVERA, GERARDO
Address: 6519 WEST NEWBERRY ROAD #909
City-St-Zip: TALLAHASSEE, FL 32605

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. CAROLINE J. PICART MGRM 07/28/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date