

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108121

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA INSTITUTE OF REJUVENATION MEDICINE, LLC

Current Principal Place of Business:

3200 PHYSICIANS WAY
SEBRING, FL 33870

New Principal Place of Business:

Current Mailing Address:

3200 PHYSICIANS WAY
SEBRING, FL 33870

New Mailing Address:

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

Name and Address of Current Registered Agent:

RHOADES, CLIFFORD R
2141 LAKEVIEW DRIVE
SEBRING, FL 33870 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: MGRM () Delete
Name: RUIZ, JOSE
Address: 3200 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

Title: MGRM () Delete
Name: RUIZ, KRISTINA
Address: 3200 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOSE L. RUIZ, MD

MGRM

04/16/2009

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