2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

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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: 26-3761198 **FEI Number Applied For ( )** **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:

RUIZ, JOSE L
3200 PHYSICIANS WAY
SEBRING, FL 33870 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: JOSE L. RUIZ 04/26/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: RUIZ, JOSE
Address: 3200 PHYSICIANS WAY
City-St-Zip: SEBRING, FL 33870

I hereby 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 Statues.

SIGNATURE: JOSE L. RUIZ, M.D. MGRM 04/26/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date