

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113814

FILED
Apr 30, 2009
Secretary of State

Entity Name: CENTER FOR CHRONIC FATIGUE & IMMUNE DISORDERS, LLC

Current Principal Place of Business:

2800 ISLAND BOULEVARD
#1702
AVENTURA, FL 33160 US

New Principal Place of Business:

10700 SW 90TH AVENUE
MIAMI, FL 33176 US

Current Mailing Address:

10700 S.W. 90TH AVENUE
MIAMI, FL 33176 US

New Mailing Address:

10700 SW 90TH AVENUE
MIAMI, FL 33176 US

FEI Number: 26-3894884

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDRA GREENBLATT, PA
2 SOUTH BISCAYNE BLVD.
SUITE 3500
MIAMI, FL 33131 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: OLANOFF, HANNAH
Address: 10700 S.W. 90TH AVENUE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES:

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: HANNAH OLANOFF

MGR

04/30/2009

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