2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078116

FILED Feb 16, 2010 Secretary of State

Entity Name: CHRONIC FATIGUE & IMMUNE DISORDERS TREATMENT AND RESEARCH CENTER, LLC

Current Principal Place of Business: New Principal Place of Business:

10700 S.W. 90TH AVENUE 8720 N. KENDALL DRIVE MIAMI, FL 33176 US

SUITE 108

MIAMI, FL 33176

Current Mailing Address: New Mailing Address:

10700 S.W. 90TH AVENUE 8720 N. KENDALL DRIVE MIAMI, FL 33176 SUITE 108

MIAMI, FL 33176 US

MIAMI, FL 33176 US

FEI Number: 27-0770570 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENS LYNN KLEIN LACAVA & PUYA, P.A. OLANOFF, HANNAH 8720 N. KENDALL DRIVE TWO DATRAN CENTER-PH II 9130 SOUTH DADELAND BOULEVARD SUITE 108

MIAMI, FL 33156 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: HANNAH OLANOFF 02/16/2010

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGRM

KLIMAS, NANCY M.D. Name:

Address: 8720 N. KENDALL DRIVE #108

City-St-Zip: MIAMI, FL 33176 US

Title: MGR

Name: OLANOFF, HANNAH

Address: 8720 N. KENDALL DRIVE #108

City-St-Zip: MIAMI, FL 33176 US

Title: MGR

CANTERBURY, JANET Name: 8720 N. KENDALL DRIVE #108 Address:

City-St-Zip: MIAMI, FL 33176 US

Title: MGR

Name: FLETCHER, MARY ANN 8720 N. KENDALL DRIVE #108 Address:

City-St-Zip: MIAMI, FL 33176 US

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: HANNAH OLANOFF **MGR** 02/16/2010