

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078116

FILED
Jan 05, 2011
Secretary of State

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

Current Principal Place of Business:

8720 N. KENDALL DRIVE
SUITE 108
MIAMI, FL 33176 US

New Principal Place of Business:

Current Mailing Address:

8720 N. KENDALL DRIVE
SUITE 108
MIAMI, FL 33176 US

New Mailing Address:

FEI Number: 27-0770570

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OLANOFF, HANNAH
8720 N. KENDALL DRIVE
SUITE 108
MIAMI, FL 33176 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
Name: KLIMAS, NANCY M.D.
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
Name: CANTERBURY, JANET
Address: 8720 N. KENDALL DRIVE #108
City-St-Zip: MIAMI, FL 33176 US

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

SIGNATURE: NANCY KLIMAS

DR.

01/05/2011

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