

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000078116

FILED
Sep 14, 2012
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:

KLIMAS, NANCY
8720 N. KENDALL DRIVE
SUITE 108
MIAMI, FL 33176 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: NANCY KLIMAS

09/14/2012

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: 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

MGRM

09/14/2012

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