

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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DIVISION OF CORPORATIONS
99 APR 20 AM 11:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002719 BODY SYMPHONY HEALTH SCIENCES, L.L.C. 1 LAS OLAS CIRCLE #211 FORT LAUDERDALE FL 33316 <i>gg-Ar CM</i>
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1a. Principal Place of Business Address 1 LAS OLAS CIRCLE #211 FORT LAUDERDALE FL 33316

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 11/12/1998 4. FEI Number 65084-8779 5. Date of Last Report N/A	3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>
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7. Name and Address of Current Registered Agent CHOPKI, AUDREY 1 LAS OLAS CIRCLE #211 FORT LAUDERDALE FL 33316	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ (DATE _____)

(Registered Agent Accepting Appointment to the Office of Registered Agent sign and record where required.)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	CHOPKI, AUDREY	1 LAS OLAS CIRCLE #211	FORT LAUDERDALE FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Audrey Chopki* 3-25-99 984-23-2224

SIGNATURE AND TITLE OF REGISTERED FIRM OR COMPANY MUST BE SUBMITTED WITH THIS FILING