

REINSTATEMENT
2002 INFORMATION REPORT
DOCUMENT # L98000002719

FILED
03 MAR -4 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

BODY SYMPHONY HEALTH SCIENCES, L.L.C.

Principal Place of Business

2400 E. LAS OLAS BLVD.
#343
FT. LAUDERDALE FL 33301

Mailing Address

2400 E. LAS OLAS BLVD.
#343
FT. LAUDERDALE FL 33301

2. Principal Place of Business

1655 E. OAKLAND BLVD.

3. Mailing Address

2545 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#202

City & State

FORT LAUDERDALE, Florida

City & State

FORT LAUDERDALE, Florida

Zip

Country

P2 [53334]

USA

Zip

Country

P2 [33304]

USA

4. FEI Number

65-0848779

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CHOPKI, AUDREY

1040 SEMINOLE DR. APT. 1459
FORT LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name

Chopki, Audrey

Street Address (P.O. Box Number is Not Acceptable)

3049 AITA VISTA

City

Sarasota

FL

Zip Code

P2 [34239]

8. 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

Audrey Chopki, MGR & Reg Agent

2-28-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

200012965062

02/21/03--01080--021 **200.00

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHOPKI, AUDREY
STREET ADDRESS 1040 SEMINOLE DR. APT. 1459
CITY-ST-ZIP FT. LAUDERDALE FL 33304

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE MGR
NAME Chopki, Audrey
STREET ADDRESS 3049 AITA VISTA
CITY-ST-ZIP Sarasota, Florida

☒ Change ☐ Addition

TITLE MGR
NAME Bach McComb
STREET ADDRESS 1040 Seminole Dr., APT 1459
CITY-ST-ZIP Fort Lauderdale, Florida P2 [33304]

☐ Change ☒ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

Audrey Chopki, MGR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

DeVine Phone #

2-15-03

954-661-2225

2-15-03

941-284-5543

CR2E083 (9/01)