

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000210

FILED  
Apr 19, 2005  
Secretary of State

**Entity Name:** THE COGNOSCENTI HEALTH INSTITUTE LLC

**Current Principal Place of Business:**

12423 RESEARCH PKWY. 700  
ORLANDO, FL 32826

**New Principal Place of Business:**

12423 RESEARCH PKWY  
SUITE 700  
ORLANDO, FL 32826

**Current Mailing Address:**

1221 E. ROBINSON ST.  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3692421

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FONG, DAVID  
1221 E. ROBINSON ST.  
ORLANDO, FL 32801 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/MEMBERS:**

Title: MGR ( ) Delete  
Name: CECIL, ALEX  
Address: 1221 E ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Delete  
Name: CHEN, PHILIP  
Address: 1221 E ROBINSON ST.  
City-St-Zip: ORLANDO, FL 32801

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: PHILIP CHEN

MGR

04/19/2005

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