2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# M02000000128

Entity Name: ADVANCED BODYCARE SOLUTIONS, LLC

Current Principal Place of Business:

2600 N. MILITARY TRAIL
SUITE 410
BOCA RATON, FL 33431

New Principal Place of Business:

990 S. ROGERS CIRCLE
SUITE 11
BOCA RATON, FL 33487

Current Mailing Address:

2600 N. MILITARY TRAIL
SUITE 410
BOCA RATON, FL 33431

New Mailing Address:

990 S. ROGERS CIRCLE
SUITE 11
BOCA RATON, FL 33487

FEI Number: 04-3572917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GELLER, BETH M
2600 N. MILITARY TRAIL
SUITE 410
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

GELLER, BETH M
990 S. ROGERS CIRCLE
SUITE 11
BOCA RATON, FL 33487 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: BETH GELLER 04/21/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: GRILLO, VICTOR JR.
Address: 14 DOE SKIN DRIVE
City-St-Zip: FRAMINGHAM, MA US

Title: MGRM ( ) Delete
Name: PRADELLI, CARL
Address: 2600 N. MILITARY TRAIL, SUITE 410
City-St-Zip: BOCA RATON, FL 33431

Title: MGRM ( ) Delete
Name: STEPHEN, PERRY
Address: 90 KERRY PLACE
City-St-Zip: NORWOOD, MA 02062 US

Title: MGRM ( ) Delete
Name: VINCENT, DEGIAIMO
Address: 10 ROCKEFELLER PLAZA
City-St-Zip: NEW YORK, NY 10020 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change ( ) Addition
Name: PRADELLI, CARL
Address: 990 S. ROGERS CIRCLE SUITE 11
City-St-Zip: BOCA RATON, FL 33487

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 exemption stated in Chapter 119, 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: BETH GELLER GC 04/21/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date