

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90024 015 ****50.00

DOCUMENT # M02000000128

1. Entity Name
ADVANCED BODYCARE SOLUTIONS, LLC



Principal Place of Business

**5541 N. MILITARY TRAIL, SUITE 2109
BOCA RATON FL 33496**

Mailing Address

**5541 N. MILITARY TRAIL, SUITE 2109
BOCA RATON FL 33496**

20024136



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

2600 N. Military Trail

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Address

2600 N. Military Trail

Suite, Apt. #, etc.

Suite 410

City & State

Boca Raton, FL

Zip

33431

Country

USA

4. FEI Number **04-3572917**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional

Fee Required

6. Name and Address of Current Registered Agent

GELLER, BETH M

**2914 BANYAN BLVD. CIRCLE NW
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name **Geller, Beth M.**

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

2600 N. Military Trail

Suite 410

City **Boca Raton**

FL

Zip Code

33431

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **GELLER, BETH**
STREET ADDRESS **2914 BANYAN BLVD. CIRCLE, NW**
CITY-ST-ZIP **BOCA RATON FL 33431**

TITLE **MGRM** ☐ Delete
NAME **PRADELLI, CARL**
STREET ADDRESS **5541 N. MILITARY TRAIL, SUITE 2109**
CITY-ST-ZIP **BOCA RATON FL 33496**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☒ Addition
NAME **Geller, Beth**
STREET ADDRESS **2600 N. Military Trail Suite 410**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Pradelli, Carl**
STREET ADDRESS **2600 N. Military Trail Suite 410**
CITY-ST-ZIP **Boca Raton, FL 33431**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE
Beth M Geller
SVP & GC

2/2/03

561. 241. 1ke0

Daytime Phone #

CR2E083 (10/02)