

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

APPROVED
AND
FILED

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

97 SEP 25 AM 8:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M95000000360
IMMUNE BALANCE TECHNOLOGIES LIMITED COMPANY
Y
5821 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

1a. Principal Place of Business Address

5821 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/07/1995	OH
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0620517	5. Date of Last Report
				06/03/1996	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent

COMBEST, DOROTHY P
18520 S.W. 55 STREET
FT. LAUDERDALE FL 33332

8. Name and Address of New Registered Agent

Name **MONA MARSHALL**
Street Address (P.O. Box Number is Not Acceptable)
5821 Hollywood Blvd
Suite, Apt. #, etc.
City **Hollywood** **FL** Zip Code **33021**

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

[Signature]

DATE

9-22-97

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KELLER, ROBERT H MD	5821 HOLLYWOOD BLVD.	HOLLYWOOD FL
MGRM	KIRCHENBAUM, DAVID	5821 HOLLYWOOD BLVD.	HOLLYWOOD FL
MGRM	PATRICK, CATHERINE W	5821 HOLLYWOOD BLVD.	HOLLYWOOD FL

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****588.75 ****588.75
A. Alan
9/25/97

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:

David Keller

9/22/97