File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT # M95000000360** IMMUNE BALANCE TECHNOLOGIES LIMITED COMPAN 1a. Principal Place of Business Address 5821 HOLLYWOOD BLVD. 5821 HOLLYWOOD BLVD. HOLLYWOOD FL 33021 HOLLYWOOD FL 33021 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/07/1995 OH Sulte, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0620517 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Ζiρ Country Zio Country \$8.75 Additional Fee Required 09/25/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office THOMAS, MONA 5821 HOLLYWOOD BLVD. Street Address (P.O. Box Number is Not Acceptable) HOLLYWOOD FL 33021 Sulte, Apt. #, etc. Zip Code 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. DATE (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) 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 adoop3514739-020 \*\*\*\*188.75 \*\*\*\*188.79 11. Ido 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

attachment with an address.

SIGNATURE:

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

OR MANAGER Date Daytime