

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90689 016 ****50.00

0010201

DOCUMENT # M95000000360

1. Entity Name

IMMUNE BALANCE TECHNOLOGIES LIMITED COMPANY



Principal Place of Business

Mailing Address

5821 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

5821 HOLLYWOOD BLVD.
HOLLYWOOD FL 33021

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0620517**

Applied For
Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BEILLY, BRAD PA
400 SE 18TH ST.
FORT LAUDERDALE FL 33316**

Name

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

City

FL

Zip Code

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 title 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

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KELLER, ROBERT H MD	
STREET ADDRESS	5401 N. SURF RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	KIRCHENBAUM, DAVID	
STREET ADDRESS	3272 HUNTINGTON	
CITY-ST-ZIP	FT. LAUDERDALE FL 33332-1857	
TITLE	<i>MGRM</i>	<input type="checkbox"/> Delete
NAME	<i>Catherine Patricia PNO</i>	
STREET ADDRESS	<i>501 Ranch Rd</i>	
CITY-ST-ZIP	<i>Wes Ton, FL 33326</i>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Kirchenbaum

SIGNATURE REQUIRED

David Kirchenbaum

4-30-03

954 963-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)