


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jul 09, 2004 08:00 AM**  
**Secretary of State**

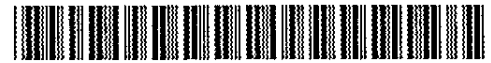
**DOCUMENT # L02000027405**

1. Entity Name  
 THE INSTITUTE OF HEALTH AND WELLNESS, LLC



Principal Place of Business 1500 CORPORATE CENTER WAY EXECUTIVE SUITE 201 WELLINGTON, FL 33414 US	Mailing Address 1500 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414 US
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**DO NOT WRITE IN THIS SPACE**



07062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2079876	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WORLDWIDE CORPORATE SERVICES, INC.  
 2780 EAST OAKLAND PARK BLVD  
 FORT LAUDERDALE, FL 33306

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

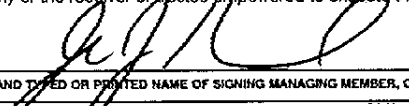
UN0000165102  
 07/08/04 80016-011 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOWARD, JOHN J 1500 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MUSCO, RICHARD 1500 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHT, LOUIS J 1500 CORPORATE CENTER WAY SUITE 201 WELLINGTON, FL 33414
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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 606, Florida Statutes.

SIGNATURE:  DATE: 7/6/04 DAYTIME PHONE #: 561-333-1007

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