

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000107349

FILED
Apr 23, 2009
Secretary of State

Entity Name: HIGHLAND HEALTH & WELLNESS CENTER LLC

Current Principal Place of Business:

27615 US HIGHWAY 27
SUITE #109
LEESBURG, FL 34748

New Principal Place of Business:

27405 US HIGHWAY 27
SUITE #105
LEESBURG, FL 34748

Current Mailing Address:

6053 SPINNAKER LOOP
LADY LAKE, FL 32159

New Mailing Address:

FEI Number: 26-3741792

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOSTAPH, KEITH L
6053 SPINNAKER LOOP
LADY LAKE, FL 32159 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOSTAPH, KEITH L
Address: 6053 SPINNAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

Title: MGRM (X) Delete
Name: BOSTAPH, LISA B
Address: 6053 SPINNAKER LOOP
City-St-Zip: LADY LAKE, FL 32159

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: KEITH L. BOSTAPH

MGR

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date