


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90010 026 \*\*\*138.75

<b>DOCUMENT # L07000107896</b>				
1. Entity Name <b>DOCTORS WELLNESS BALANCE, L.L.C.</b>				
Principal Place of Business <b>1663 N. CLYDE MORRIS BLVD. STE 2 DAYTONA BEACH, FL 32117</b>		Mailing Address <b>1663 N. CLYDE MORRIS BLVD. STE 2 DAYTONA BEACH, FL 32117</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	4. FEI Number <b>74-3236882</b>
				Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent	
<b>EPITROPOULOS, MICHAEL 2711 N HALIFAX DRIVE DAYTONA BEACH, FL 32118</b>			Name	
			Street Address (P.O. Box Number is Not Acceptable)	
			City	
			<b>FL</b> 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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>				
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EPIROPOULOS, MICHAEL 1663 N. CLYDE MORRIS BLVD. STE 2 DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VERA, ARNOLD 1667 N CLYDE MORRIS BLVD. DAYTONA BEACH, FL 32117 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ DATE _____ DAYTIME PHONE # _____ <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE</small>				