

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107896

FILED
Apr 13, 2009
Secretary of State

Entity Name: DOCTORS WELLNESS BALANCE, L.L.C.

Current Principal Place of Business:

1663 N. CLYDE MORRIS BLVD. STE 2
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1663 N. CLYDE MORRIS BLVD. STE 2
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 74-3236882

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EPITROPOULOS, MICHAEL
2711 N HALIFAX DRIVE
DAYTONA BEACH, FL 32118 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: MGRM () Delete
Name: EPIROPOULOS, MICHAEL
Address: 1663 N. CLYDE MORRIS BLVD. STE 2
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGRM () Delete
Name: VERA, ARNOLD
Address: 1667 N CLYDE MORRIS BLVD.
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EPITROPOULOS, MICHAEL
Address: 1663 N. CLYDE MORRIS BLVD. STE 2
City-St-Zip: DAYTONA BEACH, FL 32117

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: MICHAEL EPITROPOULOS

MGRM

04/13/2009

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