

**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**

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



\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

000000165102
07/09/04 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**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

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

Date

Daytime Phone #

7/6/04

561-XXX-1007