

# **2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000016183

**FILED**  
**Aug 27, 2004**  
**Secretary of State**

**Entity Name:** SOUTH MIAMI WELLNESS CENTER, LLC

**Current Principal Place of Business:**

3075 NW 107TH AVE.  
MIAMI, FL 33172

**New Principal Place of Business:**

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**Current Mailing Address:**

3075 NW 107TH AVE.  
MIAMI, FL 33172

**New Mailing Address:**

312 MINORCA AVENUE  
CORAL GABLES, FL 33134 US

**FEI Number:** 05-0567775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN INFORMATION SERVICES, INC.  
ONE S.E. THIRD AVE., 28TH FLOOR  
MIAMI, FL 33131 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/MEMBERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: TOMAS, MIKE  
Address: 312 MINORCA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MIKE TOMAS

MGR

08/27/2004

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