

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016183

FILED
Jun 14, 2007
Secretary of State

Entity Name: SOUTH MIAMI WELLNESS CENTER, LLC

Current Principal Place of Business:

312 MINORCA AVENUE
CORAL GABLES, FL 33134 US

New Principal Place of Business:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

Current Mailing Address:

312 MINORCA AVENUE
CORAL GABLES, FL 33134 US

New Mailing Address:

133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

FEI Number: 05-0567775 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

FERNANDEZ, SARAH A
133 SEVILLA AVENUE
CORAL GABLES, FL 33134 US

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: SARAH A. FERNANDEZ

06/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: TOMAS, MIKE
Address: 133 SEVILLA AVENUE
City-St-Zip: CORAL GABLES, FL 33134 US

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: MIKE TOMAS

MGR

06/14/2007

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