

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016433

**FILED**  
**Apr 12, 2006**  
**Secretary of State**

**Entity Name:** WELLNESS AND PREVENTION PARTNERS, LLC

**Current Principal Place of Business:**

1800 PEMBROOK DR  
SUITE 300  
ORLANDO, FL 32810

**New Principal Place of Business:**

**Current Mailing Address:**

1800 PEMBROOK DR.  
SUITE 300  
ORLANDO, FL 32810

**New Mailing Address:**

FEI Number: 27-6740534

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DILLEHAY, SYDNEY C  
359 SPRUCEWOOD CT  
LAKE MARY, FL 32746 US

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

DILLEHAY, SYDNEY C  
1113 BURLWOOD CT  
LONGWOOD, FL 32750 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: SYDNEY DILLEHAY

04/12/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DILLEHAY, SYDNEY C PRESIDE  
Address: 359 SPRUCEWOOD CT  
City-St-Zip: LAKE MARY, FL 32746

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: DILLEHAY, SYDNEY C PRESIDE  
Address: 1113 BURLWOOD CT  
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the 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: SYDNEY C DILLEHAY

PRES

04/12/2006

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