2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2005
Secretary of State

DOCUMENT# L03000021707

Entity Name: WELLNA HEALTH INSTITUTE, LLC

Current Principal Place of Business:

1416 HOLLY GLEN RUN
APOPKA, FL 32703

New Principal Place of Business:

1001 N. LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751

Current Mailing Address:

1416 HOLLY GLEN RUN
APOPKA, FL 32703

New Mailing Address:

1001 N. LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751

FEI Number: 20-0044077 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENERAL COUNSEL ADVISORS, P.A.
1001 NORTH LAKE DESTINY ROAD
SUITE 300
MAITLAND, FL 32751 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: MGRM ( ) Delete
Name: GLUCKMAN, MELISSA B
Address: 1416 HOLLY GLEN RUN
City-St-Zip: APOPKA, FL 32703

Title: MGRM ( ) Delete
Name: GLUCKMAN, KENNETH S
Address: 1416 HOLLY GLEN RUN
City-St-Zip: APOPKA, FL 32703

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLUCKMAN, MELISSA B
Address: 1001 N. LAKE DESTINY ROAD, SUITE 300
City-St-Zip: MAITLAND, FL 32751

Title: MGRM (X) Change ( ) Addition
Name: GLUCKMAN, KENNETH S
Address: 1001 N. LAKE DESTINY ROAD, SUITE 300
City-St-Zip: MAITLAND, FL 32751

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: /KENNETH S GLUCKMAN/ M 04/27/2005

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