2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

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Entity Name: WELLNA HEALTH INSTITUTE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801

Current Mailing Address:

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

New Mailing Address:

390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801

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:

GENERAL COUNSEL ADVISORS, P.A.
390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801 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: KENNETH S. GLUCKMAN 04/12/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GLUCKMAN, MELISSA B
Address: 390 NORTH ORANGE AVENUE, 23RD FLOOR
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Change ( ) Addition
Name: GLUCKMAN, KENNETH S
Address: 390 NORTH ORANGE AVENUE, 23RD FLOOR
City-St-Zip: ORLANDO, FL 32801

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: KENNETH S. GLUCKMAN MGRM 04/12/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date