2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2010
Secretary of State

DOCUMENT# L03000021707

Entity Name: WELLNA HEALTH INSTITUTE, LLC

Current Principal Place of Business:

390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801

New Principal Place of Business:

20 NORTH ORANGE AVENUE
SUITE 700
ORLANDO, FL 32801

Current Mailing Address:

390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801

New Mailing Address:

20 NORTH ORANGE AVENUE
SUITE 700
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.
390 NORTH ORANGE AVENUE
23RD FLOOR
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

GENERAL COUNSEL ADVISORS, P.A.
20 NORTH ORANGE AVENUE
SUITE 700
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: _____ 04/29/2010

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: GLUCKMAN, MELISSA B
Address: 20 NORTH ORANGE AVENUE, SUITE 700
City-St-Zip: ORLANDO, FL 32801

Title: MGRM
Name: GLUCKMAN, KENNETH S
Address: 20 NORTH ORANGE AVENUE, SUITE 700
City-St-Zip: ORLANDO, FL 32801

I hereby 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 Statues.

SIGNATURE: KENNETH S GLUCKMAN MGRM 04/29/2010

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