


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000030568</b> 1. Entity Name <b>AMERICANWELLBEING, LLC</b>	
---	---

Principal Place of Business <b>6881 BAY DRIVE (#22) MIAMI BEACH, FL 33141</b>	Mailing Address <b>6881 BAY DRIVE (#22) MIAMI BEACH, FL 33141</b>
--	--



**DO NOT WRITE IN THIS SPACE**

04202005No Chg-LLC

CR2E083 (10/03)

4. FEI Number <b>74-3101958</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ALLAN M. GLASER, P.A.  
11900 BISCAYNE BOULEVARD SUITE 807  
MIAMI, FL 33181**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable. DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**


9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RIMOLDI, PIERA A 6881 BAY DR #22 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SOMERFIELD, NEIL 6881 BAY DR #22 MIAMI BEACH, FL 33141</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

000000365326  
05/11/05-80022-021 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE  
Date **5/5/05** 3058658577 Daytime Phone #