## FILED Mar 11, 2004 8:00 am Secretary of State 02-09-2004 90191 036 \*\*\*\*50.00

DOCUMENT # L03000034627							02-09-200	J4 90191 (	)36	30.00
1. Entity Name -										
BOCA'RATON WELLNESS CENTER LLC						9				
15/95					<b>A.</b>	34001377				
Principal Place of Business			Mailing Address 9980 CENTRAL PARK BLVD., SUITE 104				•	•••	••	
BOCA RATON, FL. 33428			BOCA RATON, FL 33428							
2. Principal Place of Business			3. Mailing Address				# <b>17410</b>      <b>18</b> 11  <b>18</b> 11  <b>1</b>	<b>ili pelin</b> kuli <b>i</b> rau	BONE 3147 JOH	ial ki iaai
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02032004	Chg-LLC	CR2E08	3 (10/03)	
City & State			City & State	<del></del>	4. FEI Numb	6798	966		plied For Applicable	
Zip	Zip Country		Zip Coul		try 5. Certific		e of Status Desired	п \$	5.00 Addi	itional
6. Name and Address of Current F			legistered Agent			7. Name an	d Address of New			
LEVY RO	GERA -	-		Name	. <u> </u>				serentario de	
9980 CENTRAL PARK BLVD., SUITE 104 BOCA RATON, FL 33428			ئۇنىيەت دىنەرىدىدا چەدەت <u>دىنىيە</u> ئەتلىرىدىنى <u>دىنى</u> دىن		Street Address (P.O. Box Number is Not Acceptable)					
•					City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Code	,
		statement for	the purpose of changing its	register	ed office or regi	istered agent, or b	oth, in the State of		miliar with,	and accept
the abligations of registered agent										
SIGNATURE Signature, 1986 of printed name of registrations and title if applicable. (MOTE: Registered Agent storature required when reinstaking)  DATE										
		<del></del>			ske check pa	vahle to				
COLVEYICA	ling Fee Is \$50.00 ue by May 1, 2004						Flori	da Departme	nt of State	
9. O MANAGING MEMBE							S/CHANGES			
NAME	ROTSER	UY	Delete	TITLE NAM	1				Change	Addition
STREET ADDRESS 9980 CONTRACTOR			L BUIL 20 L 33428	EET ADDRESS						
TITLE	Constitution of the second	ME U L	Delete	TITLE	r-ST-ZIP	<del></del>	<del></del>		Change	Addition
NAME				MAM	E					
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TITLE			☐ Delete	TITL					☐ Change	Addition
NAME STREET ADORESS				EET ADORESS				-		
CITY-ST-ZIP	·		· · · · · · · · · · · · · · · · · · ·		-ST-ZP				<u> </u>	
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STREET ADDRESS				STRE	EET ADDRESS					
CITY-ST-ZIP		<del></del> -	☐ Delete	TITL	r-st-zip		<del></del>		Change	Addition
NAME				NAM	Æ				٠	<b>-</b>
STREET ADDRESS CITY-ST-ZIP					EET ADDRESS (-ST-ZIP					
TITLE			☐ Delete	TITL					☐ Change	Addition
NAME STREET ADDRESS				NAM STRE	AE EET ADDRESS					
CITY-ST-ZIP	<u> </u>			CITY	/-\$T-ZIP					
11. I hereby certify that the information supplied with this filing does not qualify 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 signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this permitted by Chapter 608, Florida Statutes.										
SIGNAT	TIDE.			~~			2676	64		
JOINT	CICHATION AND TYPES OR	DOWN BO MANY OF	CONTROL MANAGEMENT MENORS MA	NACET OF	N ALITHOUTED BEI	MERCHATUR	<del></del>	<del></del>		