

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000035122

FILED
Jan 11, 2007
Secretary of State

Entity Name: PARTNERS IN HEALTH AND WELLNESS, L.L.C.

Current Principal Place of Business:

1603 S. HIAWASSEE ROAD
SUITE 100
ORLANDO, FL 32835 US

New Principal Place of Business:

1507 S. HIAWASSEE ROAD
SUITE 107
ORLANDO, FL 32835 US

Current Mailing Address:

P O BOX 618347
ORLANDO, FL 32861 US

New Mailing Address:

FEI Number: 20-0268050 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LEFKOWITZ, IVAN M
430 N MILLS AVE
ORLANDO, FL 32803 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/MANAGERS:

Title: MGR () Delete
Name: AKELLA, RAVI P
Address: P O BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR () Delete
Name: VANGALA, PRADEEP K
Address: P O BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

Title: MGR () Delete
Name: GANJAM, RAGHU D
Address: PO BOX 618347
City-St-Zip: ORLANDO, FL 32861 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: RAVI P AKELLA

MGR

01/11/2007

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