2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# L03000049013

Entity Name: HOLISTIC FAMILY MEDICINE, L.L.C.

Current Principal Place of Business:

2499 GLADES ROAD #106A
BOCA RATON, FL 33431

New Principal Place of Business:

9325 GLADES ROAD
STE 104
BOCA RATON, FL 33434 39

Current Mailing Address:

2499 GLADES ROAD #106A
BOCA RATON, FL 33431

New Mailing Address:

9325 GLADES ROAD
STE 104
BOCA RATON, FL 33434 US

FEI Number: 01-0628626 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WOLINER, KENNETH
2499 GLADES ROAD #106A
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

WOLINER, KENNETH
9325 GLADES ROAD
104
BOCA RATON, FL 33434 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 WOLINER 07/11/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WOLINER, KENNETH
Address: 576402 ARBOR CLUB WAY
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES:

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: KENNETH WOLINER MGR 07/11/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date