

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L03000049013

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



Principal Place of Business
 9325 GLADES ROAD
 STE 104
 BOCA RATON, FL 33434 39

Mailing Address
 9325 GLADES ROAD
 STE 104
 BOCA RATON, FL 33434 US



01152007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0628626	Applied For Not Applicable
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5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

WOLINER, KENNETH
 9325 GLADES ROAD
 104
 BOCA RATON, FL 33434

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

**Filing Fee is \$50.00
 Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR WOLINER, KENNETH 576402 ARBOR CLUB WAY BOCA RATON, FL 33433
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 02/07/07-80005-020 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  1/29/7