

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000000920

FILED
May 01, 2009
Secretary of State

Entity Name: BREVARD HEALTH AND WELLNESS CENTER, LLC

Current Principal Place of Business:

9 ORANGE AVE
ROCKLEDGE, FL 32955

New Principal Place of Business:

Current Mailing Address:

125 E. MERRITT ISLAND
SUITE 209, BOX 206
MERRITT ISLAND, FL 32952

New Mailing Address:

125 E. MERRITT ISLAND
SUITE 209, BOX 407
MERRITT ISLAND, FL 32952

FEI Number: 59-3774167 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:

JERKINS, SUSAN
9 ORANGE AVE
ROCKLEDGE, FL 32955 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: MGRM () Delete
Name: JERKINS, OSCAR
Address: 7 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM () Delete
Name: JERKINS, SUSAN
Address: 7 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JERKINS, OSCAR
Address: 9 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

Title: MGRM (X) Change () Addition
Name: JERKINS, SUSAN
Address: 9 ORANGE AVE
City-St-Zip: ROCKLEDGE, FL 32955

I hereby certify that the information supplied with this filing does not qualify 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: SUSAN JERKINS

AGEN

05/01/2009

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