

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019917

FILED  
May 29, 2008  
Secretary of State

**Entity Name:** THE CENTER FOR ADVANCED WELLNESS, L.L.C.

**Current Principal Place of Business:**

2222 S. TAMIAMI TRAIL  
SUITE C  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 49766  
SARASOTA, FL 342306766

**New Mailing Address:**

FEI Number: 26-0080942      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:**

**Name and Address of New Registered Agent:**

SHEPARD, DAVID  
2222 SOUTH TAMIAMI TRAIL  
SUITE C  
SARASOTA, FL 34239 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LIEURANCE, JOHN  
Address: 2222 S. TAMIAMI TRAIL  
City-St-Zip: SARASOTA, FL 34239

**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 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: JOHN A. LIEURANCE

MM

05/29/2008

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