

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000026047

FILED  
May 03, 2006  
Secretary of State

Entity Name: SOUTH LAKE WELLNESS & INJURY CENTER, PL

## Current Principal Place of Business:

13867 BLUEBIRD POND RD.  
WINDERMERE, FL 34786 US

## New Principal Place of Business:

2560 E. HIGHWAY 50  
SUITE 106  
CLERMONT, FL 34711 US

## Current Mailing Address:

13867 BLUEBIRD POND RD.  
WINDERMERE, FL 34786 US

## New Mailing Address:

2560 E. HIGHWAY 50  
SUITE 106  
CLERMONT, FL 34711 US

FEI Number: 20-0965743      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:

BROCKMAN, PETER J  
13867 BLUEBIRD POND RD.  
WINDERMERE, FL 34786 US

## Name and Address of New Registered Agent:

BROCKMAN, PETER J  
2560 E. HIGHWAY 50  
SUITE 106  
CLERMONT, FL 34711 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: PETER J. BROCKMAN

05/03/2006

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: BROCKMAN, PETER J  
Address: 13867 BLUEBIRD POND RD.  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR ( ) Delete  
Name: SHEBOVSKY, JEFFERY N  
Address: 11548 WILLOW GARDENS DRIVE  
City-St-Zip: WINDERMERE, FL 34786 US

Title: MGR (X) Delete  
Name: HARRISON, STEVEN R  
Address: 405 SO CUMBERLAND AVENUE  
City-St-Zip: OCOEE, FL 34761 US

## ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition  
Name: HARRISON, STEVEN R  
Address: 405 SO CUMBERLAND AVENUE  
City-St-Zip: OCOEE, FL 34761 US

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: PETER J. BROCKMAN

MGRM

05/03/2006

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