2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L04000078725

Entity Name: SOUTHPOINT WELLNESS CENTER, LLC

Current Principal Place of Business:

5109 STEPP AVENUE
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

5109 STEPP AVENUE
JACKSONVILLE, FL 32216

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

OBI, EDWARD J JR
5109 STEPP AVENUE
JACKSONVILLE, FL 32216 US

Name and Address of New Registered Agent:

CLARK, ROSS T
1558 SAN MARCO AVENUE
JACKSONVILLE, FL 32207 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: ROSS T. CLARK 05/01/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: D ( ) Change (X) Addition
Name: OBI, EDWARD L JR
Address: 5109 STEPP AVENUE
City-St-Zip: JACKSONVILLE, FL 32216 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: EDWARD L. OBI, JR. D 05/01/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date