

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083765

**FILED**  
**Mar 17, 2008**  
**Secretary of State**

**Entity Name:** EDELSON WELLNESS CENTER, LLC

**Current Principal Place of Business:**

8780 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8780 SEMINOLE BLVD.  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 20-2031706

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMPA BAY ACCOUNTING & TAXES, INC.  
8950 SEMINOLE BLVD.,  
STE. 2  
SEMINOLE, FL 33772 US

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

ROSELLA RINALDO PAUL, CPA  
4016 HENDERSON BLVD.  
STE. N  
TAMPA, FL 33629 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:** ROSELLA RINALDO PAUL

03/17/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR ( ) Delete  
**Name:** EDELSON, STEVEN G  
**Address:** 8780 SEMINOLE BLVD.  
**City-St-Zip:** SEMINOLE, FL 33772

**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:** STEVEN G. EDELSON

CEO

03/17/2008

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