

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085204

FILED
Jan 07, 2008
Secretary of State

Entity Name: BACK IN HEALTH WELLNESS CENTER, LLC

Current Principal Place of Business:

18942 N. DALE MABRY HWY., SUITE 102
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18942 N. DALE MABRY HWY., SUITE 102
LUTZ, FL 33548

New Mailing Address:

FEI Number: 64-0958091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, CINDY L D.C.
6341 SUSHI CT
WESLEY CHAPEL, FL 33544 US

Name and Address of New Registered Agent:

PERKINS, CINDY L D.C.
3702 CARROLLWOOD PL
#306
TAMPA, FL 33624 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: CINDY PERKINS

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERKINS, CINDY L D.C.
Address: 6341 SUSHI CT
City-St-Zip: WESLEY CHAPEL, FL 33544

Title: MGRM () Delete
Name: OLESTON, CARRIE B D.C.
Address: 17114 CARRINGTON PARK DR. #210
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERKINS, CINDY L D.C.
Address: 3702 CARROLLWOOD PL #306
City-St-Zip: TAMPA, FL 33624

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: CINDY PERKINS, MGRM

MGRM

01/07/2008

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