

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085204

FILED
Apr 09, 2009
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.
3702 CARROLLWOOD PL
#306
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

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

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

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: OLESTON, CARRIE B D.C.
Address: 11808 EASTHAMPTON DRIVE
City-St-Zip: TAMPA, FL 33626

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: CARRIE B. OLESTON

MGRM

04/09/2009

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