

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086558

FILED
Mar 16, 2006
Secretary of State

Entity Name: PREMIER HEALTH & WELLNESS, LLC

Current Principal Place of Business:

3924 EDEN ROC CIRCLE WEST
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3924 EDEN ROC CIRCLE WEST
TAMPA, FL 33634

New Mailing Address:

FEI Number: 20-1966532

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLANDERS, DIANE
3924 EDEN ROC CIRCLE WEST
TAMPA, FL 33634 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: PRES () Delete
Name: FLANDERS, DIANE MRS.
Address: 3924 W. EDEN ROC CIRCLE
City-St-Zip: TAMPA, FL 33634

Title: VP () Delete
Name: FLANDERS, JAMES C MR.
Address: 3924 W. EDEN ROC CIRCLE
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

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

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: DIANE FLANDERS

PRES

03/16/2006

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