

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015493

Entity Name: WELLNESS CONNEXION, LLC

FILED
Apr 30, 2007
Secretary of State

Current Principal Place of Business:

281 SW 129TH TERRACE
NEWBERRY, FL 32669

New Principal Place of Business:

2606 NW 58TH BLVD
GAINESVILLE, FL 32606

Current Mailing Address:

281 SW 129TH TERRACE
NEWBERRY, FL 32669

New Mailing Address:

2606 NW 58TH BLVD
GAINESVILLE, FL 32606

FEI Number: 20-2381799

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISHMAN, STEVEN
4809 SW 91 TERRACE
GAINESVILLE, FL 32608 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: MM () Delete
Name: ADRIAN, LEWIS
Address: 281 SW 129TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

ADDITIONS/CHANGES:

Title: MM (X) Change () Addition
Name: ADRIAN, LEWIS
Address: 2606 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606

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: ADRIAN LEWIS

MM

04/30/2007

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