2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2006
Secretary of State

DOCUMENT# L05000015494

Entity Name: WELLNESS CONNEXION GAINESVILLE, LLC

Current Principal Place of Business:

4809 SW 91 TERRACE
GAINESVILLE, FL 32608

New Principal Place of Business:

9127 SW 52ND AVE SUITE D103
GAINESVILLE, FL 32608

Current Mailing Address:

4809 SW 91 TERRACE
GAINESVILLE, FL 32608

New Mailing Address:

281 SW 129TH TERRACE
NEWBERRY, FL 32669

FEI Number: 20-2390135 **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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MM ( ) Change (X) Addition
Name: LEWIS, ADRIAN
Address: 281 SW 129TH TERRACE
City-St-Zip: NEWBERRY, FL 32669

Title: M ( ) Change (X) Addition
Name: KALISHMAN, STEVEN
Address: 4809 SW 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608

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: ADRIAN LEWIS MM 04/23/2006

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