

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000015494

FILED  
Apr 28, 2007  
Secretary of State

**Entity Name:** WELLNESS CONNEXION GAINESVILLE, LLC

**Current Principal Place of Business:**

9127 SW 52ND AVE SUITE D103  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

281 SW 129TH TERRACE  
NEWBERRY, FL 32669

**New Mailing Address:**

2606 NW 58TH BLVD  
GAINESVILLE, FL 32606

**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: MM ( ) Delete  
Name: LEWIS, ADRIAN  
Address: 281 SW 129TH TERRACE  
City-St-Zip: NEWBERRY, FL 32669

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

**ADDITIONS/CHANGES:**

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

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: ADRIAN LEWIS

MM

04/28/2007

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