

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000054040

Entity Name: WELLNESS FOREVER, LLC

FILED
Apr 30, 2009
Secretary of State

Current Principal Place of Business:

P.O. BOX 1727
WINDERMERE, FL 34786

New Principal Place of Business:

6000 TURKEY LAKE ROAD
SUITE 112
ORLANDO, FL 32819

Current Mailing Address:

P.O. BOX 1727
WINDERMERE, FL 34786

New Mailing Address:

FEI Number: 20-2985089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAITE, NORMA Y L MD
1177 S.E. 3RD AVENUE
PO BOX 1727
FT. LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

WAITE, NORMA L MD
1177 S.E. 3RD AVENUE
FT. LAUDERDALE, FL 33316 US

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: NORMA L. WAITE, M.D.

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WAITE, NORMA L
Address: 1177 S.E. 3RD AVENUE
City-St-Zip: FT. LAUDERDALE, FL 33316

ADDITIONS/CHANGES:

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: NORMA L. WAITE, M.D.

OWNE

04/30/2009

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