

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072140

FILED  
Jul 13, 2006  
Secretary of State

**Entity Name:** INTERNAL MEDICINE & PEDIATRICS WELLNESS CENTER, P.L.

**Current Principal Place of Business:**

934 N. SUNCOAST BLVD.  
CRYSTAL RIVER, FL 34429

**New Principal Place of Business:**

**Current Mailing Address:**

934 N. SUNCOAST BLVD.  
CRYSTAL RIVER, FL 34429

**New Mailing Address:**

FEI Number: 20-3205463      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

STEWART, GLORIA  
3030 SAN CARLOS DRIVE  
MARGATE, FL 33063      US

**Name and Address of New Registered Agent:**

WILSON, CHARLES R  
934 N SUNCOAST BLVD  
CRYSTAL RIVER, FL 34429      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: CHARLES R WILSON

07/13/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MRGM ( ) Change (X) Addition  
Name: WILSON, CARLENE A  
Address: 934 N SUNCOAST BLVD  
City-St-Zip: CRYSTAL RIVER, FL 34429

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: CARLENE A WILSON

MRGM

07/13/2006

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