

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072140

FILED
Feb 10, 2009
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 ()

Name and Address of Current Registered Agent:

WILSON, CHARLES R
934 N SUNCOAST BLVD
CRYSTAL RIVER, FL 34429 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: MRGM () Delete
Name: WILSON, CARLENE A
Address: 934 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

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: CHARLES R. WILSON

MNGR

02/10/2009

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