

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072140

FILED
Apr 26, 2010
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
Name: WILSON, CARLENE A
Address: 934 N SUNCOAST BLVD
City-St-Zip: CRYSTAL RIVER, FL 34429

I hereby 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 WILSON

MRGM

04/26/2010

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