

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106559

FILED
May 22, 2006
Secretary of State

Entity Name: PRO-ACTIVE WELLNESS III. LLC

Current Principal Place of Business:

660 LINTON BLVD.
SUITE 104
DELRAY BEACH, FL 33444

New Principal Place of Business:

6545 NOVA DRIVE
SUITE 208
PEMBROKE PINES, FL 33317

Current Mailing Address:

6790 SW 10 STREET
PEMBROKE PINES, FL 33023

New Mailing Address:

FEI Number: 14-1941006 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:

DOVAL, FELIX A
6790 SW 10 STREET
PEMBROKE PINES, FL 33023 US

Name and Address of New Registered Agent:

LOPEZ, MICHELE
6790 SW 10 STREET
PEMBROKE PINES, FL 33023 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: MICHELE LOPEZ

05/22/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOVAL, FELIX A
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: MGRM (X) Delete
Name: SMITH, MARK W
Address: 2613 SW 65 AVE
City-St-Zip: MIRAMAR, FL 33023

Title: MGRM (X) Delete
Name: LOPEZ, MICHELE
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LOPEZ, MICHELE
Address: 6790 SW 10 STREET
City-St-Zip: PEMBROKE PINES, FL 33023

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: MICHELE LOPEZ

PRES

05/22/2006

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