2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# L05000107187

Entity Name: MYERS INSTITUTE OF HEALTH & WELLNESS, LLC

Current Principal Place of Business:

5136 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Principal Place of Business:

Current Mailing Address:

5136 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

New Mailing Address:

FEI Number: 20-3671785 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
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:

DELOACH, D. "REP" III
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 US

Name and Address of New Registered Agent:

DELOACH, D. III
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 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: DENNIS DELOACH III 07/03/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NGUYEN, MY
Address: 4206 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33711

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: NGUYEN, MY
Address: 1225 14TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33705

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: STEVEN MYERS MGR 07/03/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date