2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2007
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)**

Name and Address of Current Registered Agent:

DELOACH, D. III
8640 SEMINOLE BLVD.
SEMINOLE, FL 33772 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: MGRM ( ) Delete
Name: NGUYEN, MY
Address: 1225 14TH ST. N
City-St-Zip: ST. PETERSBURG, FL 33705

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: MYERS, MY N
Address: 5136 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

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: MY N. MYERS, M.D. MGRM 04/11/2007

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