2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108208

Address:

City-St-Zip:

Entity Name: BELLA HEALTH & WELLNESS, LLC

13909 NORTH DALE MABRY HIGHWAY, SUITE 201

TAMPA, FL 33618 US

FILED Jul 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 13909 NORTH DALE MABRY HIGHWAY SUITE 1 TAMPA, FL 33618 **Current Mailing Address: New Mailing Address:** 13909 NORTH DALE MABRY HIGHWAY SUITE 1 TAMPA, FL 33618 US FEI Number: 02-0763968 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: Name and Address of New Registered Agent: LATORRE, CHERYL L 13909 NORTH DALE MABRY HIGHWAY SUITE 201 TAMPA, FL 33618 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete LATORRE, CHERYL L Name: Name: Address: 13909 NORTH DALE MABRY HIGHWAY, SUITE 201 Address: City-St-Zip: TAMPA, FL 33618 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: LATORRE, RANDALL C 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: CHERYL L. LATORRE MGR 07/06/2006