

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90053 028 ****50.00

DOCUMENT # L05000122953

1. Entity Name
VERA ENDO WELLNESS INSTITUTE, LLC



40058297



04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number
20-4180809

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

VERA, ARNOLD M.D.
M.SC., F.A.C.E.
873 STERTHAUS DR., STE. 303
ORMOND BCH, FL 32174

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME ARNOLD VERA, M.D., M.SC., F.A.C.E. ☐ Delete
STREET ADDRESS 873 STERTHAUS DR.
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE MGR
NAME ANNY VERA, D.D.S., M.SC. ☐ Delete
STREET ADDRESS 873 STERTHAUS DR.
CITY-ST-ZIP ORMOND BCH, FL 32174

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

(386)
04-13-2006 677-2929