



2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90348 015 ****50.00

DOCUMENT # L05000122953 1. Entity Name VERA ENDO WELLNESS INSTITUTE, LLC					
Principal Place of Business 873 STERTHAUS DR. STE 303 ORMOND BCH, FL 32174			Mailing Address 873 STERTHAUS DR. STE 303 ORMOND BCH, FL 32174		
2. Principal Place of Business - No P.O. Box # <i>1663 North Clyde Morris Blvd</i> Suite, Apt. #, etc. <i>ste #2</i>		3. Mailing Address <i>1663 North Clyde Morris Blvd</i> Suite, Apt. #, etc. <i>ste #2</i>			
City & State <i>Daytona Beach, FL</i> Zip <i>32117</i>		City & State <i>Daytona Beach, FL</i> Zip <i>32117</i>		02232007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4180809				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$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) <i>1663 North Clyde Morris Blvd STE #2</i> City <i>Daytona Beach</i> FL Zip Code <i>32117</i>				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, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARNOLD VERA, M.D., M.SC., F.A.C.E. 873 STERTHAUS DR. ORMOND BCH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <i>1663 North Clyde Morris Blvd STE 2</i> <i>Daytona Beach, FL 32117</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANNY VERA, D.D.S., M.SC. 873 STERTHAUS DR. ORMOND BCH, FL 32174	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>1663 North Clyde Morris Blvd ste 2</i> <i>Daytona Beach, FL 32117</i>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			03/24/07 (386)274-4104 Date Daytime Phone #		