2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# L05000122953

Entity Name: VERA ENDO WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

1663 NORTH CLYDE MONRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117

New Principal Place of Business:

Current Mailing Address:

1663 NORTH CLYDE MONRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117

New Mailing Address:

FEI Number: 20-4180809 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VERA, ARNOLD M.D.
1663 NORTH CLYDE MONRIS BLVD
SUITE 2
DAYTONA BEACH, FL 32117 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: MGR ( ) Delete
Name: ARNOLD VERA, M.D., M, .SC., F.A.C.E
Address: 1663 NORTH CLYDE MONRIS BLVD#2
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGR ( ) Delete
Name: ANNY VERA, D.D.S., M, .SC.
Address: 1663 NORTH CLYDE MONRIS BLVD #2
City-St-Zip: DAYTONA BEACH, FL 32117

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ARNOLD VERA, M.D., M.SC., F.A.C.E. MGR. 04/30/2008

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