

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030601

FILED
Jan 23, 2008
Secretary of State

Entity Name: THE WELLINGTON INSTITUTE FOR WELLNESS AND AESTHETIC MEDICINE, LLC

Current Principal Place of Business:

2451 BRICKELL AVE. UNIT 11M
MIAMI, FL 33129

New Principal Place of Business:

12983 SOUTHERN BLVD.
203
LOXAHATCHEE, FL 33470

Current Mailing Address:

255 ALHAMBRA CIR
705
CORAL GABLES, FL 33134

New Mailing Address:

12983 SOUTHERN BLVD.
203
LOXAHATCHEE, FL 33470

FEI Number: 84-1652252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARLOS A. MARIN, P.A.
255 ALHAMBRA CIR. SUITE 705
CORAL GABLES, FL 33134 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: CABANELLAS, JENNINE M MD,PA
Address: 2451 BRICKELL AVE. UNIT 11M
City-St-Zip: MIAMI, FL 33129

Title: MGR () Delete
Name: TOLEDO, NILSA H
Address: 1060 NW 116 AVE.
City-St-Zip: PLANTATION, FL 33323

Title: MGR () Delete
Name: GONZALEZ, JUAN G
Address: 2451 BRICKELL AVE - UNIT 11M
City-St-Zip: MIAMI, FL 33129

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CABANELLAS, JENNINE M MD,PA
Address: 15950 MEADOW WOOD DR
City-St-Zip: WELLINGTON, FL 33414

Title: MGR (X) Change () Addition
Name: TOLEDO, NILSA H
Address: 12983 SOUTHERN BLVD.
City-St-Zip: LOXAHATCHEE, FL 33470

Title: MGR (X) Change () Addition
Name: GONZALEZ, JUAN G
Address: 15950 MEADOW WOOD DR
City-St-Zip: WELLINGTON, FL 33414

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: JUAN G GONZALEZ

MGR

01/23/2008

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