

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030601

FILED  
Mar 23, 2009  
Secretary of State

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

**Current Principal Place of Business:**

12983 SOUTHERN BLVD.  
203  
LOXAHATCHEE, FL 33470

**New Principal Place of Business:**

**Current Mailing Address:**

12983 SOUTHERN BLVD.  
203  
LOXAHATCHEE, FL 33470

**New Mailing Address:**

**FEI Number:** 33-1135752

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

CARLOS A. MARIN, P.A.  
2601 S. BAYSHORE DR  
700  
COCONUT GROVE, FL 33133 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: CARLOS A. MARIN

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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: JUAN G GONZALEZ

MGR

03/23/2009

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