2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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.
2601 S. BAYSHORE DR
700
COCONUT GROVE, FL 33133 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
Name: CABANELLAS, JENNINE M MD,PA
Address: 15950 MEADOW WOOD DR
City-St-Zip: WELLINGTON, FL 33414

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

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

I hereby 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 Statues.

SIGNATURE: JUAN GONZALEZ MGR 03/01/2010

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