

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030601

FILED
Feb 17, 2011
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.
2601 S. BAYSHORE DR
700
COCONUT GROVE, FL 33133 US

Name and Address of New Registered Agent:

MELLAW REGISTERED AGENTS
2601 S. BAYSHORE DR
850
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: SANTIAGO ELJAEK III, MGR

02/17/2011

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 Statutes.

SIGNATURE: JENNINE CABANELLAS

MGR

02/17/2011

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