2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

DOCUMENT # L06000084604

1. Entity Name

NORTH PALM BEACH MEDICAL WELLNESS CENTER, LLC



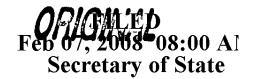
Principal Place of Business

SIGNATURE:

Mailing Address

11911 U.S. HIGHWAY ONE, SUITE 102 NORTH PALM BEACH, FL 33408

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01302008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5445615 Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FIELDS, PRESTON J SR., ESQ 11211 PROSPERITY FARMS ROAD, SUTIE C-301 PALM BEACH GARDENS, FL 33410

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the obligations of registered agent.			
SIGNATURE_	Signature, lyped or printed name of registered agent and little if applicable	(NOTE: Registered Agent signature required when reinstaling)	OATE
FILE NÓWIII FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 02/15/08-80088-009 138.75			
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENN, RICHARD 1310 GLEN RIAD NORTH PALM BEACH, FL 33406		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY+ST-ZIP		IN 7	THIS SPACE
TITLE NAME STREET ADDRESS* CITY-ST-ZIP	. •		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	• • •
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.			

8. 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. I am familiar with, and accept