

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084604

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** NORTH PALM BEACH MEDICAL WELLNESS CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 20-5445615

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

FENN, RICHARD  
11911 US HIGHWAY ONE  
SUITE 102  
NORTH PALM BEACH, FL 33408 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: RICHARD FENN

03/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FENN, RICHARD  
Address: 1310 GLEN RIAD  
City-St-Zip: NORTH PALM BEACH, FL 33406

**ADDITIONS/CHANGES:**

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: RICHARD FENN

MGR

03/30/2009

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