2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2007
Secretary of State

DOCUMENT# L06000086885

Entity Name: UNIVERSITY WELLNESS CENTER, LLC

Current Principal Place of Business:

13905 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

13905 BRUCE B DOWNS BLVD.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 20-5501644 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK M ESQ.
C/O O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FL 33771 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: AIRD, CECIL A MD
Address: 13905 BRUCE B. DOWNS BLVD., STE. B
City-St-Zip: TAMPA, FL 33613

I hereby certify that the information supplied with this filing does not qualify for the 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: CECIL C. AIRD DR. 02/01/2007

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