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 # L06000086885

Entity Name

UNIVERSITY WELLNESS CENTER, LLC



FILED May 05, 2008 08:00 Al Secretary of State

Principal Place of Business

SIGNATURE:

Mailing Address

13905 BRUCE B DOWNS BLVD. TAMPA, FL 33613 13905 BRUCE B DOWNS BLVD. TAMPA, FL 33613



04232008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-5501644	Applied For Not Applicable	lę
5. Certificate of Status Desired	\$5.00 Additional	_

6. 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 DO NOT WRITE IN THIS SPACE

					<u> </u>	
	named entity submits this statement for the purpose of chan ions of registered agent.	ging its registered	d office or registered aç	ent, or both, in the State of Florida.	I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling		einsta(ing)	OATE			
FILE After May	NOW!!! FEE IS \$138.75 1, 2008 Fee will be \$538.75			U00000946 05/30/08-800	6614 056-017 138.75	
9.	MANAGING MEMBERS/MANAGERS				(, , , ,	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR AIRD, CECIL A MD 13905 BRUCE B. DOWNS BLVD., STE. B TAMPA, FL 33613		<i>;</i> ,		i girli	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					-	
TITLE					* *	
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CITY-ST-ZIP				***	* ***	
indicated	certify that the information supplied with this filing does not on this report is true and accurate and that my signature si billity company or the receiver or trustee empowered to exe	hall have the sam	ie legal effect as it mag	ie unger oath: that I am a managii	her certify that the information ng member or manager of the	