2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096877

Entity Name: EAGLES HEALTH & WELLNESS CENTER, LLC

FILED May 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2797 HIAWASSEE RD 1308 ROSE BLVD SUITE A

ORLANDO, FL 32809

ORLANDO, FL 32839

Current Mailing Address: New Mailing Address:

2797 HIAWASSEE RD 1308 ROSE BVLD UNIT A ORLANDO, FL 32809 A

ORLANDO, FL 32839

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

CARMITA, SIMEUS
5969 WINEGARD ROAD
APT. D
ORLANDO,, FL 32809 US

CLAIRE, CIMERVIL
1308 ROSE BLVD UNIT A
A
ORLANDO,, FL 32839 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: CLAIRE R CIMERVIL 05/23/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete Title: P (X) Change () Addition Name: HARRISON, H. DENNIS Name: CLAIRE, CIMERVIL R

 Name:
 HARRISON, H. DENNIS
 Name:
 CLAIRE, CIMERVIL R

 Address:
 2797 HIAWASSEE RD
 Address:
 1308 ROSE BLVD A

 City-St-Zip:
 ORLANDO, FL 32809
 City-St-Zip:
 ORLANDO, FL 32839

Title: MGR () Delete Title: VP (X) Change () Addition

 Name:
 CERTY, ELIZE
 Name:
 ELIZE, VERTY

 Address:
 2797 HIAWASSEE RD
 Address:
 1308 ROSE BLVD UNIT A

City-St-Zip: ORLANDO, FL 32809 City-St-Zip: ORLANDO, FL 32839

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 CIMERVIL, CLAIRE R
 Name:

 Address:
 2797 HIAWASSEE RD
 Address:

 City-St-Zip:
 ORLANDO, FL 32809
 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: ELIZE VERTY VP 05/23/2007