

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000096877

FILED  
Feb 14, 2008  
Secretary of State

Entity Name: EAGLES HEALTH & WELLNESS CENTER, LLC

## Current Principal Place of Business:

1308 ROSE BLVD SUITE A  
A  
ORLANDO, FL 32839

## New Principal Place of Business:

## Current Mailing Address:

1308 ROSE BVLD UNIT A  
A  
ORLANDO, FL 32839

## New Mailing Address:

1308 ROSE BLVD SUITE A  
A  
ORLANDO, FL 32839

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CLAIRE, CIMERVIL  
1308 ROSE BLVD UNIT A  
A  
ORLANDO,, FL 32839 US

## Name and Address of New Registered Agent:

DEAN, DRALUCK  
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: DEAN DRALUCK

02/14/2008

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete  
Name: CLAIRE, CIMERVIL R  
Address: 1308 ROSE BLVD A  
City-St-Zip: ORLANDO, FL 32839

Title: VP (X) Delete  
Name: ELIZE, VERTY  
Address: 1308 ROSE BLVD UNIT A  
City-St-Zip: ORLANDO, FL 32839

## ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition  
Name: DEAN, DRALUCK E  
Address: 1308 ROSE BLVD A  
City-St-Zip: ORLANDO, FL 32839

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: DEAN DRALUCK

P

02/14/2008

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