2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# L06000097808

Entity Name: PALM BEACH HEALTH AND WEALTH, LLC

Current Principal Place of Business:

1940 CIRCLE DRIVE
NORTH PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

1940 CIRCLE DRIVE
NORTH PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 01-0880133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOLLEY, CAROLYN J
1940 CIRCLE DRIVE
NORTH PALM BEACH, FL 33408 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: MGR. ( ) Delete
Name: WOOLLEY, CAROLYN J
Address: 1940 CIRCLE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: MGR. ( ) Delete
Name: DYER, LARRY P
Address: 1959 SERVICE RD.
City-St-Zip: NORTH PALM BEACH, FL 33408

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: CAROLYN J. WOOLLEY PRES 04/24/2007

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