

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104885

Entity Name: PRECISION WELLNESS, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

2584 S. MAGUIRE ROAD
OCOE, FL 34761

New Principal Place of Business:

2910 S. MAGUIRE ROAD
SUITE 1007
OCOE, FL 34761

Current Mailing Address:

2584 S. MAGUIRE
OCOE, FL 34761

New Mailing Address:

2910 S. MAGUIRE ROAD
SUITE 1007
OCOE, FL 34761

FEI Number: 20-5785047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACIOLI, LEONARDO R
2584 S. MAGUIRE ROAD
OCOE, FL 34761 US

Name and Address of New Registered Agent:

ACIOLI, LEONARDO R
2910 S. MAGUIRE ROAD
SUITE 1007
OCOE, FL 34761 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: LEO ACIOLI

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ACIOLI, LEONARDO R
Address: 5 MOOR GREEN COURT
City-St-Zip: OCOE, FL 34761

Title: MGR () Delete
Name: KOSINSKI, SARA N
Address: 5 MOOR GREEN COURT
City-St-Zip: OCOE, FL 34761

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 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: SARA KOSINSKI

MGR

04/21/2009

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