

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000114348

FILED  
Jul 18, 2007  
Secretary of State

Entity Name: THE WELLNESS MENTORS LLC

**Current Principal Place of Business:**

201 N UNIVERSITY DR STE 116  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

201 N UNIVERSITY DR STE 116  
PLANTATION, FL 33324

**New Mailing Address:**

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:**

GETTINGER-DINNER, LINDA  
201 N UNIVERSITY DR STE 116  
PLANTATION, FL 33324 US

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

GETTINGER-DINNER, LINDA DR.  
201 N UNIVERSITY DR STE 116  
PLANTATION, FL 33324 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: LINDA GETTINGER

07/18/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GETTINGER-DINNER, LINDA  
Address: 201 N UNIVERSITY DR STE 116  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: GETTINGER-DINNER, LINDA DR.  
Address: 201 N UNIVERSITY DR STE 116  
City-St-Zip: PLANTATION, FL 33324

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: LINDA GETTINGER

DR.

07/18/2007

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