

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000030671

Entity Name: BIOMED WELLNESS, LLC

FILED  
Apr 30, 2009  
Secretary of State

## Current Principal Place of Business:

777 E. ATLANTIC AVE.  
SUITE C-2 #343  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

777 E. ATLANTIC AVE.  
SUITE C-2 #343  
DELRAY BEACH, FL 33483

## New Mailing Address:

P.O.BOX 825  
DELRAY BEACH, FL 33483

FEI Number: 33-1164638

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

DIAZ, MERCEDES  
900 E. ATLANTIC AVE.  
SUITE #9  
DELRAY BEACH, FL, FL 33483 US

## Name and Address of New Registered Agent:

DIAZ, MERCEDES  
900 E. ATLANTIC AVE.  
SUITE #9  
DELRAY BEACH, FL 33483 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: MDR

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: DIAZ, MERCEDES  
Address: 777 E. ATLANTIC AVE., SUITE C-2 #343  
City-St-Zip: DELRAY BEACH, FL 33483

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: DIAZ, MERCEDES  
Address: PO BOX 8256  
City-St-Zip: DELRAY BEACH, FL 33482

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: MGR

MGR

04/30/2009

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