

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000060169

FILED  
Apr 10, 2009  
Secretary of State

Entity Name: JOY HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

2335 TAMiami TRAIL NORTH  
SUITE 206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11717  
NAPLES, FL 34101 US

**New Mailing Address:**

FEI Number: 33-1167863

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

YING, JOEL O MD  
4961 CORAL WOOD DR.  
NAPLES, FL 34119 US

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

YING, JOEL O MD  
4961 CORAL WOOD DR  
NAPLES, FL 34119 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:

04/10/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: YING, JOEL O MD  
Address: CORAL WOOD DR.  
City-St-Zip: NAPLES, FL 34119 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: YING, JOEL O MD  
Address: 4961 CORAL WOOD DR  
City-St-Zip: NAPLES, FL 34119 US

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: JYING

MGR

04/10/2009

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