

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077777

FILED
May 01, 2008
Secretary of State

Entity Name: VIRTUAL WELLNESS BUSINESS CENTERS, LLC

Current Principal Place of Business:

6551 SW 126 STREET
PINECREST, FL 33156

New Principal Place of Business:

16649 SW 78TH TER
MIAMI, FL 33193

Current Mailing Address:

6551 SW 126 STREET
PINECREST, FL 33156

New Mailing Address:

16649 SW 78TH TER
MIAMI, FL 33193

FEI Number: 26-0603811 FEI Number Applied For () FEI Number Not Applicable () 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:

VASALLO & VASALLO, P.A.
999 PONCE DE LEON BOULEVARD
1000
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

VALDES, RALPH
16649 SW 78TH TER
MIAMI, FL 33193 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: RALPH VALDES

05/01/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BARRIOS, HUMBERTO M.D.
Address: 6551 SW 126 STREET
City-St-Zip: PINECREST, FL 33156

Title: MGR (X) Delete
Name: VALDES, RALPH
Address: 6551 SW 126 STREET
City-St-Zip: PINECREST, FL 33156

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: HUMBERTO BARRIOS.

MGR

05/01/2008

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