2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 17, 2009
Secretary of State

DOCUMENT# L07000087282

Entity Name: COMPLETE HEALTH & WELLNESS LLC

Current Principal Place of Business:

891 OUTER RD, STE A
ORLANDO, FL 32814

New Principal Place of Business:

Current Mailing Address:

891 OUTER RD, STE A
ORLANDO, FL 32814

New Mailing Address:

FEI Number: 26-0840510 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROUILLETTE, CHRISTOPHER J
921 ALBA DRIVE
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

BROUILLETTE, CHRISTOPHER J
891 OUTER RD, STE A
ORLANDO, FL 32814 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: CHRISTOPHER J. BROUILLETTE 03/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: BROUILLETTE, CHRISTOPHER J
Address: 921 ALBA DRIVE
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BROUILLETTE, CHRISTOPHER J
Address: 891 OUTER RD, STE. A
City-St-Zip: ORLANDO, FL 32814

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: CHRISTOPHER J. BROUILLETTE MGRM 03/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date