

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099366

FILED  
Apr 29, 2008  
Secretary of State

Entity Name: PHYSICIAN WELLNESS PRODUCTS LLC

**Current Principal Place of Business:**

2901 SW 149 AVENUE  
SUITE 140  
MIRAMAR, FL 33027 US

**New Principal Place of Business:**

**Current Mailing Address:**

2901 SW 149 AVENUE  
SUITE 140  
MIRAMAR, FL 33027 US

**New Mailing Address:**

FEI Number: 32-0215702

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MATZA, ROCHELLE S  
2901 SW 149 AVENUE  
SUITE 140  
MIRAMAR, FL 33027 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ASSURANCE FINANCIAL, PARTNERS LLC  
Address: 2901 SW 149 AVENUE, SUITE 140  
City-St-Zip: MIRAMAR, FL 33027 US

Title: MGRM ( ) Delete  
Name: JAREOU, MICHAEL  
Address: 740 FULTON STREET, SUITE 501  
City-St-Zip: CHICAGO, IL 60661 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: QUANTUM WELLNESS PRO, DUCTS LLC  
Address: 2901 SW 149 AVENUE, SUITE 140  
City-St-Zip: MIRAMAR, FL 33027 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: ROCHELLE S. MATZA

CFO

04/29/2008

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