

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099366

FILED
Apr 10, 2009
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 (X) Delete
Name: QUANTUM WELLNESS PRODUCTS LLC
Address: 2901 SW 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NU WAVE HEALTH & WELLNESS LLC
Address: 2901 SW 149 AVENUE, SUITE 140
City-St-Zip: MIRAMAR, FL 33027 US

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: ROCHELLE S. MATZA FOR NU WAVE HEALTH MGRM 04/10/2009

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