2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105229

Entity Name: FAMILY MEDICAL AND WELLNESS CENTER, LLC

FILED Feb 25, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

4623 FOREST HILL BLVD 8190 OKEECHOBEE BLVD

SUITE 111 SUITE 104

LAKE WORTH RD, FL 33415 WEST PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

4623 FOREST HILL BLVD 8190 OKEECHOBEE BLVD

SUITE 111 SUITE 104

LAKE WORTH RD, FL 33415 WEST PALM BEACH, FL 33411

FEI Number: 26-1344629 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

FROEHLICH & DE LA RUA CPA FIRM 12008 SOUTHSHORE BLVD SUITE 211 WELLINGTON, FL 33414 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 VIZCAINO, VANESSA
 Name:

 Address:
 183 CATANIA WAY
 Address:

 City-St-Zip:
 ROYAL PALM BEACH, FL 33411
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 GLOVER, LESLEY N
 Name:

 Address:
 2061 VININGS CIRCLE
 Address:

 City-St-Zip:
 WELLINGTON, FL 33414
 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: VANESSA VIZCAINO P 02/25/2008