

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000105229

FILED
May 04, 2010
Secretary of State

Entity Name: FAMILY MEDICAL AND WELLNESS CENTER , LLC

Current Principal Place of Business:

8190 OKEECHOBEE BLVD
SUITE 104
WEST PALM BEACH, FL 33411

New Principal Place of Business:

10111 W. FOREST HILL BLVD
SUITE 230
WELLINGTON, FL 33414

Current Mailing Address:

8190 OKEECHOBEE BLVD
SUITE 104
WEST PALM BEACH, FL 33411

New Mailing Address:

10111 W. FOREST HILL BLVD
SUITE 230
WELLINGTON, FL 33414

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

FROELICH & DE LA RUA CPA FIRM
12008 SOUTHSORE BLVD
SUITE 211
WELLINGTON, FL 33414 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
Name: VIZCAINO, VANESSA
Address: 183 CATANIA WAY
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM
Name: GLOVER, LESLEY N
Address: 2061 VININGS CIRCLE
City-St-Zip: WELLINGTON, FL 33414

I hereby 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

MGRM

05/04/2010

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