

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115512

FILED
Apr 28, 2009
Secretary of State

Entity Name: ACCIDENT AND WELLNESS CENTERS LLC

Current Principal Place of Business:

4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 41-2258357

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSS, RAFAEL
500 SCOTIA DR. APT. 303
HYPOLUXO, FL 33462 US

Name and Address of New Registered Agent:

FOSS, RAFAEL
4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33462 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: RAFAEL FOSS

04/28/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOSS, RAFAEL
Address: 500 SCOTIA DR. APT. 303
City-St-Zip: HYPOLUXO, FL 33462

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FOSS, RAFAEL
Address: 4212 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: RAFAEL FOSS

MM

04/28/2009

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