

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115512

FILED
May 01, 2012
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:

815 SE 1ST AVE
HALLANDALE BEACH, FL 33009

Current Mailing Address:

PO BOX 6455
WEST PALM BEACH, FL 33405

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
4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410 US

Name and Address of New Registered Agent:

FOSS, RAFAEL
815 SE 1ST AVE
HALLANDALE BEACH, FL 33009 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

05/01/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FOSS, RAFAEL
Address: PO BOX 6455
City-St-Zip: WEST PALM BEACH, FL 33405

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: RAFAEL FOSS

MM

05/01/2012

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