

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124871

FILED
Apr 28, 2009
Secretary of State

Entity Name: ACCIDENT AND WELLNESS CLINICS LLC

Current Principal Place of Business:

5804 JOG RD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

4212 NORTHLAKE BLVD
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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:

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: MGR () Delete
Name: FOSS, RAFAEL
Address: 500 SCOTIA DRIVE APT. 303
City-St-Zip: HYPOLUXO, FL 33410

ADDITIONS/CHANGES:

Title: MGR (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