

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124871

FILED
Mar 29, 2010
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:

PO BOX 6455
WEST PALM BEACH, FL 33405

FEI Number: 26-4728616

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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
Name: FOSS, RAFAEL
Address: 4212 NORTHLAKE BLVD
City-St-Zip: PALM BEACH GARDENS, FL 33410

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

MGR

03/29/2010

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