2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# L07000125305

Entity Name: OXYGEN8 WELLNESS CENTERS, LLC

Current Principal Place of Business:

280 SOLANA ROAD
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

280 SOLANA ROAD
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

804 13TH AVE. SOUTH
JACKSONVILLE BEACH, FL 32250

FEI Number: 26-1226027 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, C RANDOLPH
9250 BAYMEADOWS ROAD, SUITE 450
JACKSONVILLE, FL 32256 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: WATTS, TIFFANY
Address: 280 SOLANA ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: MGR ( ) Delete
Name: O'LOUGHLIN, MAUREEN
Address: 804 13TH AVENUE, S.
City-St-Zip: JACKSONVILLE BEACH, FL 32250

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MAUREEN O'LOUGHLIN MGR 04/23/2008

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