2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000125305

Entity Name: OXYGEN8 WELLNESS CENTERS, LLC

Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

280 SOLANA ROAD 804 13TH AVE. SOUTH

PONTE VEDRA BEACH, FL 32082 JACKSONVILLE BEACH, FL 3250

Current Mailing Address: New Mailing Address:

804 13TH AVE. SOUTH 804 13TH AVE. SOUTH

JACKSONVILLE BEACH, FL 3250 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: Name and Address of New Registered Agent:

COLEMAN, C RANDOLPH 9250 BAYMEADOWS ROAD, SUITE 450 JACKSONVILLE, FL 32256

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:

Name:

Date

Name:

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition (X) Delete

WATTS, TIFFANY Address: 280 SOLANA ROAD Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

O'LOUGHLIN, MAUREEN Name: Name: Address: 804 13TH AVENUE, S. Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 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 04/29/2009