

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000006326

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** WELLNESS CENTER, "LIMITED LIABILITY COMPANY

**Current Principal Place of Business:**

3315 NE 16TH STREET  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

3315 NE 16TH STREET  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

**FEI Number:** 22-3974262

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MOSKOW, HOWARD  
3315 NE 16TH STREET  
FORT LAUDERDALE, FL 33304 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:** MOSKOW, HOWARD  
**Address:** 3315 NE 16TH STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

**Title:** MGR  
**Name:** MOSKOW, ADAM  
**Address:** 3315 NE 16TH STREET  
**City-St-Zip:** FORT LAUDERDALE, FL 33304

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:** HOWARD MOSKOW

MGR

01/05/2010

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