

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088357

FILED
Apr 25, 2012
Secretary of State

Entity Name: NORTH DADE WELLNESS CENTER, LLC

Current Principal Place of Business:

2390 N.E. 186TH STREET
MIAMI, FL 33180

New Principal Place of Business:

Current Mailing Address:

900 BAY DRIVE
APT. 102-104
MIAMI BEACH, FL 33141

New Mailing Address:

FEI Number: 30-0496388

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EGOZI, BERNARD L ESQ.
2999 N.E. 191ST STREET
SUITE 407
AVENTURA, FL 33180 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: MGRM
Name: SLAVIN, DOUGLAS DR.
Address: 2390 N.E. 186TH STREET
City-St-Zip: MIAMI, FL 33180

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: DOUGLAS SLAVIN, M.D.

MGRM

04/25/2012

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