

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096252

FILED
Apr 30, 2009
Secretary of State

Entity Name: WELLNESS PROGRAM SERVICES LLC

Current Principal Place of Business:

11328 RIDGE ROAD
SUITE 78
NEW PORT RICHEY, FL 34654 US

New Principal Place of Business:

Current Mailing Address:

11328 RIDGE ROAD
SUITE 78
NEW PORT RICHEY, FL 34654 US

New Mailing Address:

FEI Number: 26-3520938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NANTON, NICHOLAS
220 E CENTRAL PKWY STE 1020
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

HOOD, CHRISTOPHER W PRES
5990 54TH AVE N
KENNETH CIY, FL 33709 US

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: CHRISTOPHER W HOOD

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ARNOLD, DARIUS
Address: 11328 RIDGE ROAD, SUITE 78
City-St-Zip: NEW PORT RICHEY, FL 34654 US

Title: MGRM () Delete
Name: HOOD, CHRISTOPHER
Address: 9992 LAKE SEMINOLE DR. WEST
City-St-Zip: LARGO, FL 33773 US

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: CHRISTOPHER W HOOD

PRES

04/30/2009

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