2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# L08000107563

Entity Name: OAKLAND MEDICAL AND WELLNESS CENTER, L.L.C.

Current Principal Place of Business:

4887 PINEMORE LANE
LAKE WORTH, FL 33463

New Principal Place of Business:

2655 OAKLAND PARK BLVD
4
FT. LAUDERDALE, FL 33306

Current Mailing Address:

4887 PINEMORE LANE
LAKE WORTH, FL 33463

New Mailing Address:

2655 OAKLAND PARK BLVD
4
FT. LAUDERDALE, FL 33306

FEI Number: 80-0306464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLDEN, MICHAEL
212 SE 8TH STREET
FORT LAUDERDALE, FL 33316 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 ( ) Delete
Name: MURRY, DONALD K JR
Address: 4887 PINEMORE LANE
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

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: DOANLD MURRY P 03/24/2009

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