

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115974

Entity Name: WELL-LIFE GROUP, LLC

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

8944 SOUTH US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

601 UNIVERSITY BLVD  
STE 206  
JUPITER, FL 33458

**Current Mailing Address:**

8944 SOUTH US HIGHWAY 1  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

PO BOX 69  
JUPITER, FL 33468

FEI Number: 26-3920106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORENO, CONRADO  
2750 NE 183RD STREET, APT. #306  
AVENTURA, FL 33160 US

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

AREF, JASON  
15482 SW 115TH STREET  
MIAMI, FL 33196 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: JASON AREF

02/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHIKARA, MAYADA  
Address: 14 MARTIN ROAD SOUTH  
City-St-Zip: BETHPAGE, NY 11714

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: MAYADA SHIKARA

MGRM

02/22/2010

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