

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000013905

FILED
Apr 05, 2010
Secretary of State

Entity Name: UNIVERSITY WELLNESS AND WEIGHT LOSS CENTERS, LLC

Current Principal Place of Business:

601 NW 179TH AVENUE, STE. 104
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

601 NW 179TH AVENUE, STE. 104
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-4291772

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATZNER, GARY C ESQ.
ONE SE THIRD AVENUE, 25TH FLOOR
MIAMI, FL 33131 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: SCHIFF, BARRY H
Address: 26484 HICKORY BLVD.
City-St-Zip: BONITA SPRING, FL 34134

Title: MGR
Name: ECLAT HEALTHCARE, LLC
Address: 2301 N UNIVERSITY DR #112
City-St-Zip: PEMBROKE PINES, FL 33024

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: BARRY H. SCHIFF

MGR

04/05/2010

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