

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000128564

**FILED**  
**Jan 26, 2012**  
**Secretary of State**

**Entity Name:** THE WELLNESS INSTITUTE OF THE AMERICAS, LLC

**Current Principal Place of Business:**

888 BRICKELL AVE  
SUITE 600  
MIAMI, FL 33131 US

**New Principal Place of Business:**

**Current Mailing Address:**

888 BRICKELL AVE  
SUITE 600  
MIAMI, FL 33131 US

**New Mailing Address:**

**FEI Number:** 45-4348944

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MASLOWSKI, EUGENIO  
1441 BRICKELL AVE  
SUITE 1400  
MIAMI, FL 33131 US

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

REMOS, JUAN  
749 CRANDON BLVD.  
SUITE 411  
MIAMI, FL 33149 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: JUAN REMOS

01/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: REMOS, JUAN  
Address: 749 CRANDON BLVD, SUITE 411  
City-St-Zip: MIAMI, FL 33149

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: JUAN REMOS

MGRM

01/26/2012

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