ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company TOTAL WELLNESS OPPORTUNITIES, L.C. 10061 E. BROADVIEW DRIVE BAY HARBOR ISLANDS FL 33154					FILED 00 APR 29 FM 5: 00			
					STORETARY OF STATE			
					1e. Principal Place of Business Address 10061 E. BROADVIEW DRIVE BAY HARBOR ISLANDS FL 331			
2 Princip	al Place of Business	2a. Mail	ing Address		3. Date Örganize 02/05/1		3a. State of F	ormation
Suite, Apt. #, etc.		Suite, Ap	Suite, Apt. #, etc.		4. FEI Number		1 E	Z Applied
City & State		City & St	City & State					Applied Not App
Zip Country		Zip			5. Date of Last Report		6. Certificate of Status D \$8.75 Additional Fee Require	
	7. Name and Address of Cur N, BERNARD H M.D			8. N	ame and Addres	s of New Regis	tered Agent/Of	fice
9. Pursua	and to the provisions of Sections 608 red office or registered agent or both red agent, and according these	n the State of Flo		named limited li				
SIGNATU		nua Appointa anti-	MOTE Georgiand Application of the Company			DATE OUL	33m	
10. Title Managing Members/Manag			g Appointn ent) (NOTE Registered Agent signature is quired when the Business Street Addr				City, State and Zip Code	
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