

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000151

1. Entity Name

TOTAL WELLNESS OPPORTUNITIES, L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 21 AM 11:02

Principal Place of Business

10061 E. BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154

Mailing Address

10061 E. BROADVIEW DRIVE
BAY HARBOR ISLANDS FL 33154

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

742869769

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STERN, BERNARD H M.D.
2424 N. FEDERAL HIGHWAY, SUITE 401
BOCA RATON FL 33431

Name

STERN, BERNARD H. M.D.

Street Address (P.O. Box Number is Not Acceptable)

1019 KANE CONOURSE, SUITE 203

City

BAY HARBOR ISLANDS FL 33154

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR
NAME THE BERNARD & ANTOINETTE STERN LOVING TRUS
STREET ADDRESS 10061 E BROADVIEW DRIVE
CITY-ST-ZIP BAY HARBOR ISLANDS FL 33154

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (5/00)