2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005960

Entity Name: AMERICAN WELLNESS, L.L.C.

FILED Apr 29, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

500 SOUTHGATE PLAZA SARASOTA, FL 34239

Current Mailing Address: New Mailing Address:

500 SOUTHGATE PLAZA SARASOTA, FL 34239

FEI Number: 65-0944913 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ANDERSON, JODELL 500 SOUTHGATE PLAZA SARASOTA, FL 34239 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 BLUMETTI, JOANNE E
 Name:
 ANDERSON, JODELL L

 Address:
 2474 BORDER RD.
 Address:
 7301 IGUANA DR

 City-St-Zip:
 VENICE, FL 34292
 City-St-Zip:
 SARASOTA, FL 34241

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HERBEK, GARY
 Name:

 Address:
 14249 CLUBHOUSE RD
 Address:

 City-St-Zip:
 GAINESVILLE, VA 20155
 City-St-Zip:

Title: MGRM (X) Delete Title: () Change () Addition

 Name:
 ANDERSON, JODELL
 Name:

 Address:
 7301 IGUANA DR
 Address:

 City-St-Zip:
 SARASOTA, FL 34241
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JODELL L ANDERSON PRES 04/29/2008