


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90582 017 ****50.00

DOCUMENT # L99000005960			
1. Entity Name AMERICAN WELLNESS, L.L.C.			
Principal Place of Business 8590 POTTER PARK DRIVE SARASOTA FL 34238		Mailing Address 8590 POTTER PARK DRIVE SARASOTA FL 34238	
2. Principal Place of Business 500 Southgate Plaza		3. Mailing Address 500 Southgate Plaza	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota FL		City & State Sarasota FL	
Zip 34239		Zip 34239	
Country		Country	
4. FEI Number 65-1944913		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent HERBEK, GARY 8590 PETTER PARK DRIVE SARASOTA FL 34238		7. Name and Address of New Registered Agent Name: Herbek, Gary Street Address (P.O. Box Number Is Not Acceptable) 500 Southgate Plaza City: Sarasota, FL Zip Code: 34239	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <i>Gary J. Herbek</i> DATE: 3/24/03 <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BLUMETTI, JOANNE E 2474 BORDER RD. VENICE FL 34292 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HERBEK, GARY 8314 FLAGSTAFF WAY SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ANDERSON, JODI 7301 IGUANA DR SARASOTA FL 34241 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Gary J. Herbek</i> DATE: 3/24/03 941/701-1388 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE. Daytime Phone #</small>			

CR2E083 (10/02)