2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 02, 2005
Secretary of State

DOCUMENT# M03000002453

Entity Name: LYMPHATIC WELLNESS CENTER, LLC

Current Principal Place of Business:

907 E. 18TH STREET
TIFTON, GA 31794

New Principal Place of Business:

2460 OLD MOULTRIE RD
SUITE 4
ST. AUGUSTINE, FL 32086

Current Mailing Address:

907 E. 18TH STREET
TIFTON, GA 31794

New Mailing Address:

2460 OLD MOULTRIE RD
SUITE 4
ST. AUGUSTINE, FL 32086

FEI Number: 20-0069418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Title: MGR ( ) Delete
Name: GIATRAS, ANTHONY
Address: 907 E. 18TH STREET
City-St-Zip: TIFTON, GA 31794

Title: MGR ( ) Delete
Name: MCKEOWN, BRANDY
Address: 907 E. 18TH STREET
City-St-Zip: TIFTON, GA 31794

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR ( ) Change (X) Addition
Name: SMITH, SHAUN T
Address: 2460 OLD MOULTRIE RD SUITE 4
City-St-Zip: ST. AUGUSTINE, FL 32086

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHAUN T. SMITH MGR 08/02/2005

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