

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002453

FILED
Jul 14, 2007
Secretary of State

Entity Name: LYMPHATIC WELLNESS CENTER, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

1690 HWY U.S. 1 SOUTH
SUITE F
ST. AUGUSTINE, FL 32084

Current Mailing Address:

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

New Mailing Address:

P.O. BOX 860298
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: 6004 EAST LAKE DR.
City-St-Zip: TIFTON, GA 31794

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

ADDITIONS/CHANGES:

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

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

Title: () Change () Addition
Name:
Address:
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: SHAUN T. SMITH

MR

07/14/2007

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