

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000072140

**Entity Name:** INTERNAL MEDICINE & PEDIATRICS WELLNESS CENTER, P.L.

**Current Principal Place of Business:**

6038 W. NORDLING LOOP  
CRYSTAL RIVER, FL 34429

**Current Mailing Address:**

6038 W. NORDLING LOOP  
CRYSTAL RIVER, FL 34429

**FEI Number:** 20-3205463

**Certificate of Status Desired:** No

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

WILSON, CHARLES R  
6038 W. NORDLING LOOP  
CRYSTAL RIVER, FL 34429 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

**Authorized Person(s) Detail :**

Title MRGM  
Name WILSON, CARLENE A  
Address 6038 W. NORDLING LOOP  
City-State-Zip: CRYSTAL RIVER FL 34429

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CARLENE WILSON

**MNGR**

**01/08/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date