

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000119562

**Entity Name:** PROCARE WELLNESS, LLC

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1948 E SUNRISE BOULEVARD  
SUITE 8  
FORT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

1948 E SUNRISE BOULEVARD  
SUITE 8  
FORT LAUDERDALE, FL 33304 US

**New Mailing Address:**

**FEI Number:** 27-3987781

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRZYKWA, MARK C ESQ.  
1401 BRICKELL AVENUE  
SUITE 825  
MIAMI, FL 33131 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:** MGRM  
**Name:** PROCACCI, ERIN N PH.D.  
**Address:** 1948 E SUNRISE BOULEVARD  
**City-St-Zip:** FORT LAUDERDALE, FL 33304 US

I hereby 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: ERIN N. PROCACCI, PH.D.

MGRM

04/06/2011

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