

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119562

FILED
Jan 17, 2012
Secretary of State

Entity Name: PROCARE WELLNESS, LLC

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 01/17/2012

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