

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107896

FILED  
Jan 25, 2010  
Secretary of State

**Entity Name:** DOCTORS WELLNESS BALANCE, L.L.C.

**Current Principal Place of Business:**

1663 N. CLYDE MORRIS BLVD. STE 2  
DAYTONA BEACH, FL 32117

**New Principal Place of Business:**

**Current Mailing Address:**

1663 N. CLYDE MORRIS BLVD. STE 2  
DAYTONA BEACH, FL 32117

**New Mailing Address:**

FEI Number: 74-3236882

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

EPITROPOULOS, MICHAEL  
2711 N HALIFAX DRIVE  
DAYTONA BEACH, FL 32118 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: EPITROPOULOS, MICHAEL  
Address: 1663 N. CLYDE MORRIS BLVD. STE 2  
City-St-Zip: DAYTONA BEACH, FL 32117

Title: MGRM  
Name: VERA, ARNOLD  
Address: 1667 N CLYDE MORRIS BLVD.  
City-St-Zip: DAYTONA BEACH, FL 32117

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: HELEN B. HERNANDEZ

P.M.

01/25/2010

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