

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000107896

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

Current Principal Place of Business:

1667 N. CLYDE MORRIS BLVD. STE 2
DAYTONA BEACH, FL 32117

Current Mailing Address:

1667 N. CLYDE MORRIS BLVD. STE 2
DAYTONA BEACH, FL 32117

FEI Number: 74-3236882

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

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

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: ARNOLD VERA, M.D., M.SC., C.D.E., F.A.C.E.

PRINCIPAL

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date