

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 27, 2004 8:00 am**  
**Secretary of State**

05-27-2004 90331 028 \*\*\*\*55.00

**DOCUMENT # L00000015537**

1. Entity Name

THE WELLSRING INSTITUTE OF CENTRAL FLORIDA,  
L.L.C.



Principal Place of Business

3200 CORRINE DRIVE  
ORLANDO FL 32803

Mailing Address

930 WOODCOCK RD  
SUITE 200  
ORLANDO FL 32803

2. Principal Place of Business

930 Woodcock Rd

3. Mailing Address

Suite, Apt. #, etc.  
Ste 200

Suite, Apt. #, etc.

City & State  
Orlando, FL

Suite, Apt. #, etc.

City & State

Zip  
32803

Country  
US

Zip

Country

4. FEI Number

59-3743567

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PEIRSOL, H. STEVENS  
3200 CORRINE DRIVE  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name Peirsol H. Stevens

Street Address (P.O. Box Number is Not Acceptable)

930 woodcock Rd. Ste 200

City Orlando

FL

Zip Code 32803

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

K

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME PEIRSOL, H. STEVENS  
STREET ADDRESS 3200 CORRINE DRIVE  
CITY-ST-ZIP ORLANDO FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE MGR  
NAME Peirsol, H. Stevens  
STREET ADDRESS 930 Woodcock Rd Ste 200  
CITY-ST-ZIP Orlando FL 32803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

10/3/30/04

407-898-2858

Date Daytime Phone #