

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034567

Entity Name: FAMILY MANORS, LLC

FILED
Apr 21, 2012
Secretary of State

Current Principal Place of Business:

3385 SE EVERGREEN AVE.
STUART, FL 34997

New Principal Place of Business:

Current Mailing Address:

2500 S KANNER HWY.
SUITE 1
STUART, FL 34994

New Mailing Address:

FEI Number: 06-1672214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SOUTH FEDERAL HIGHWAY
SUITE 100
STUART, FL 34994 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: MGR
Name: ARTESIAN WELLNESS RECOVERY CENTERS, LLC
Address: 2500 S KANNER HWY. - SUITE 1
City-St-Zip: STUART, FL 34994

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: MARK BRECHBILL, CPA

AR

04/21/2012

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