## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000042962

Entity Name: SIMPLE RELIEF WELLNESS CENTER LLC

FILED Apr 22, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

625 NORTH WASHINGTON BLVD. SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

5436 FRUITVILLE ROAD #122 SARASOTA, FL 34232

FEI Number: 20-1196405 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

PATTI, C. STEPHEN MD

10811 BULLRUSH TERRACE

BRADENTON, FL 34202 US

PATTI, C. STEPHEN MD

1857 FLOYD STREET

SUITE 100

SARASOTA, FL 34239 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: 04/22/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

 Name:
 PATTI, C. STEPHEN MD
 Name:
 PATTI, C. STEPHEN MD

 Address:
 10811 BULLRUSH TERRACE
 Address:
 1857 FLOYD STREET

 City-St-Zip:
 BRADENTON, FL 34202
 City-St-Zip:
 SARASOTA, FL 34239

Title: MGRM ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BALEN, JOSEPH S
 Name:

 Address:
 4942 BOOKELIA CIR.
 Address:

 City-St-Zip:
 BRADENTON, FL 34203
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: C. STEPHEN PATTI MD MGMR 04/22/2006