

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069342

FILED  
Feb 21, 2011  
Secretary of State

**Entity Name:** TOTAL VITALITY HEALTH CARE, LLC

**Current Principal Place of Business:**

515 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 US

**New Principal Place of Business:**

2717 SANTA BARBARA BLVD  
SUITE 7&8  
CAPE CORAL, FL 33914 US

**Current Mailing Address:**

515 CAPE CORAL PKWY E  
CAPE CORAL, FL 33904 US

**New Mailing Address:**

2717 SANTA BARBARA BLVD  
SUITE 7&8  
CAPE CORAL, FL 33914 US

FEI Number: 20-1649154

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, KRISTINE K  
515 CAPE CORAL PKWY  
CAPE CORAL, FL 33904 US

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

JOHNSON, KRISTINE K  
2717 SANTA BARBARA BLVD  
STE 7&8  
CAPE CORAL, FL 33914 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:

02/21/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JOHNSON, KRISTINE K  
Address: 2717 SANTA BARBARA BLVD  
City-St-Zip: CAPE CORAL, FL 33904

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: KRISTINE K JOHNSON

MGR

02/21/2011

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