2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2010
Secretary of State

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Entity Name: SIONE WELLNESS CENTER, LLC

Current Principal Place of Business:

4521 EDGEWATER DRIVE,
SUITE #5
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

12535 WINFIELD SCOTT BLVD.
ORLANDO, FL 32837 US

New Mailing Address:

FEI Number: 20-8683111 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WESTERVELT, LUCIENNE
12535 WINFIELD SCOTT BLVD.
ORLANDO, FL 32837 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: WESTERVELT, LUCIENNE
Address: 4521 EDGEWATER DRIVE, SUITE #5
City-St-Zip: ORLANDO, FL 32804 US

Title: MGRM
Name: WESTERVELT, FLOYD
Address: 12535 WINFIELD SCOTT BLVD.
City-St-Zip: ORLANDO, FL 32837 US

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 Statues.

SIGNATURE: LUCIENNE WESTERVELT MGR 01/05/2010

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