

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000085204

FILED
Apr 29, 2011
Secretary of State

Entity Name: BACK IN HEALTH WELLNESS CENTER, LLC

Current Principal Place of Business:

18942 N. DALE MABRY HWY., SUITE 102
LUTZ, FL 33548

New Principal Place of Business:

Current Mailing Address:

18942 N. DALE MABRY HWY., SUITE 102
LUTZ, FL 33548

New Mailing Address:

FEI Number: 64-0958091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERKINS, CINDY L D.C.
3702 CARROLLWOOD PL
#306
TAMPA, FL 33624 US

Name and Address of New Registered Agent:

PERKINS, CINDY L D.C.
1636 CRAZY HORSE DR
LUTZ, FL 33548 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:

04/29/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PERKINS, CINDY L D.C.
Address: 1636 CRAZY HORSE DR
City-St-Zip: LUTZ, FL 33548

Title: MGRM
Name: OLESTON, CARRIE B D.C.
Address: 11808 EASTHAMPTON DRIVE
City-St-Zip: TAMPA, FL 33626

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: CINDY PERKINS

MGRM

04/29/2011

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