

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086332

FILED
Jan 14, 2009
Secretary of State

Entity Name: HEALTH SOLUTIONS WELLNESS CENTER, LLC

Current Principal Place of Business:

1514 S. ALEXANDER ST STE 201
PLANT CITY, FL 33563

New Principal Place of Business:

1514 S. ALEXANDER ST STE 201
PLANT CITY, FL 33563 US

Current Mailing Address:

1514 S. ALEXANDER ST STE 201
PLANT CITY, FL 33563

New Mailing Address:

1514 S. ALEXANDER ST STE 201
PLANT CITY, FL 33563 US

FEI Number: 20-1950037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHER, JOHN B
6366 TOCOBEGA DRIVE
LAKELAND, FL 33813 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 () Delete
Name: SOUTHER, JOHN B
Address: 6366 TOCOBEGA DRIVE
City-St-Zip: LAKELAND, FL 33813

Title: MGRM () Delete
Name: SOUTHER, KELLEY L
Address: 6366 TOCOBEGA DRIVE
City-St-Zip: LAKELAND, FL 33813

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JOHN SOUTHER

MGR

01/14/2009

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