2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# L05000004730

Entity Name: MAXIMIZED LIVING HEALTH CENTERS, LLC

Current Principal Place of Business:

1420 CELEBRATION BLVD.
SUITE 200
CELEBRATION, FL 34747

New Principal Place of Business:

Current Mailing Address:

1420 CELEBRATION BLVD.
SUITE 200
CELEBRATION, FL 34747

New Mailing Address:

FEI Number: 20-2163286 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MICHAEL STRATTON, P.A.
1615 EDGEWATER DRIVE STE 150
ORLANDO, FL 32804 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: MGRM
Name: LERNER OF CELEBRATION LIMITED PARTNERSHIP
Address: 604 FRONT STREET
City-St-Zip: CELEBRATION, FL 34747

Title: MGRM
Name: GREGORY, LOMAN
Address: 2515 NORTHBROOKE PAZA DRIVE #102
City-St-Zip: NAPLES, FL 34119

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: SHEL HART PRES 01/23/2012

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