

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006208

Entity Name: WHOLISTIC MEDICINE CLINIC, LLC

FILED  
Mar 02, 2006  
Secretary of State

**Current Principal Place of Business:**

1405 S.E. GOLDTREE DRIVE, SUITE D  
PORT ST. LUCIE, FL 34952

**New Principal Place of Business:**

2401 FRIST BLVD.  
SUITE 7  
FORT PIERCE, FL 34950

**Current Mailing Address:**

1405 S.E. GOLDTREE DRIVE, SUITE D  
PORT ST. LUCIE, FL 34952

**New Mailing Address:**

P.O. BOX 3637  
FORT PIERCE, FL 34948

FEI Number: 75-3180152

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILDNER, ROY T  
101 N. U.S. HIGHWAY 1, SUITE 200  
FORT PIERCE, FL 34950 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 ( ) Delete  
Name: WHOLISTIC MEDICINE C, LINIC, INC.  
Address: 1405 S.E. GOLDTREE DRIVE, SUITE D  
City-St-Zip: PORT ST. LUCIE, FL 34952

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CARL BLANTON,  
Address: 400 TREASURE CAY DRIVE  
City-St-Zip: FORT PIERCE, FL 34947

I hereby certify that the information supplied with this filing does not qualify for the 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: CARL BLANTON

MGRM

03/02/2006

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