

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000006208

FILED
Jun 20, 2006
Secretary of State

Entity Name: WHOLISTIC MEDICINE CLINIC, LLC

Current Principal Place of Business:

2401 FRIST BLVD.
SUITE 7
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 3637
FORT PIERCE, FL 34948

New Mailing Address:

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

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: CARL BLANTON,
Address: 400 TREASURE CAY DRIVE
City-St-Zip: FORT PIERCE, FL 34947

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHOLISTIC MEDICINE C, LINIC, INC
Address: 1405 S.E. GOLDTREE DRIVE SUITE D
City-St-Zip: PORT SAINT LUCIE, FL 34952

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

06/20/2006

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