

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006208

FILED
Jul 15, 2007
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:

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

New Mailing Address:

P.O. BOX 881591
PORT SAINT LUCIE, FL 34988

FEI Number: 75-3180152 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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:

TYE, WILLIAM G III
2401 FRIST BLVD
SUITE 7
FORT PIERCE, FL 34950 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: WILLIAM G TYE III

07/15/2007

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 SAINT LUCIE, FL 34952

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WHOLISTIC MEDICINE C, LINIC, INC
Address: P.O. BOX 881591
City-St-Zip: PORT SAINT LUCIE, FL 34988

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: WILLIAM G TYE III

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07/15/2007

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