

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000007546

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** ADVANTAGE HEALTH & WELLNESS CENTER, LLC

**Current Principal Place of Business:**

510 PASADENA AVE. S  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

510 PASADENA AVE. S  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

**FEI Number:** 20-2215196

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIELAND, MARK C  
11775 112TH AVENUE NORTH  
SEMINOLE, FL 33778 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  
Name: WIELAND, MARK C  
Address: 11775 112TH AVENUE NORTH  
City-St-Zip: SEMINOLE, FL 33778

Title: MGR  
Name: HUGHES, THOMAS E  
Address: 11107 CHEROKEE DRIVE  
City-St-Zip: ST PETERSBURG, FL 33708

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 Statutes.

SIGNATURE: MARK C WIELAND

MGR

04/29/2010

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