

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020526

FILED  
Feb 07, 2006  
Secretary of State

**Entity Name:** WHOLISTIC MEDICINE CLINIC OF STUART, LLC

**Current Principal Place of Business:**

55 SE OSCEOLA STREET, SUITE 102  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

55 SE OSCEOLA STREET, SUITE 102  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 83-0421219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOOGE, HOWARD E JR ESQ  
401 E. OSCEOLA STREET  
STUART, FL 34994 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: TYE III, WILLIAM G  
Address: 1405 SE GOLDTREE DRIVE, STE. D  
City-St-Zip: PORT ST LUCIE, FL 34952

Title: MGRM ( ) Change (X) Addition  
Name: OLENSKY & SCOTT LLC,  
Address: 55 SE OSCEOLA ST., STE 201  
City-St-Zip: STUART, FL 34994

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:** JEANETTE S. SCOTT

MGRM

02/07/2006

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