

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020526

FILED
Jan 11, 2007
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: MGRM () Delete
Name: TYE III, WILLIAM G
Address: 1405 SE GOLDTREE DRIVE, STE. D
City-St-Zip: PORT ST LUCIE, FL 34952

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/11/2007

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