

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000107187

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** MYERS INSTITUTE OF HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

302 NW 7TH AVE  
MINERAL WELLS, TX 76067

**New Principal Place of Business:**

4141 PENNSYLVANIA AVE  
#305  
KANSAS CITY, MO 64111

**Current Mailing Address:**

302 NW 7TH AVE  
MINERAL WELLS, TX 76067

**New Mailing Address:**

4141 PENNSYLVANIA AVE  
#305  
KANSAS CITY, MO 64111

**FEI Number:** 20-3671785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DELOACH, D. III  
8640 SEMINOLE BLVD.  
SEMINOLE, FL 33772 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  
Name: MYERS, MY N  
Address: 4141 PENNSYLVANIA AVE.  
City-St-Zip: KANSAS CITY, MO 64111

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: MY MYERS

MGMR

04/30/2010

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