

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111311

FILED
Feb 20, 2011
Secretary of State

Entity Name: MEDICAL WELLNESS ASSOCIATION LLC

Current Principal Place of Business:

425 SR 207
SUITE 102
ST. AUGUSTINE, FL 32084

New Principal Place of Business:

Current Mailing Address:

1100 OAK RIDGE ROAD
ST. AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 51-0560237

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAUPT, NORMA L
1100 OAK RIDGE ROAD
ST. AUGUSTINE, FL 32086 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: HAUPT, NORMA L
Address: 1100 OAK RIDGE ROAD
City-St-Zip: ST. AUGUSTINE, FL 32086

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: NORMA L HAUPT

DR.

02/20/2011

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