

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000115249

Entity Name: J. MICHAEL GREGSON, LLC

FILED
Apr 06, 2010
Secretary of State

Current Principal Place of Business:

2462 SE MARIUS STREET
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

2462 SE MARIUS STREET
PORT ST. LUCIE, FL 34952

New Mailing Address:

FEI Number: 20-3879446

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGSON, JOHN MICHAEL
2462 SE MARIUS STREET
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

WAVEFRONT CLINICAL MANAGEMENT SERVICES
50 SO US HWY 1 SUITE 213
JJ, FL 33477 US

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: WAVEFRONT CLINICAL MANAGEMENT SERVICES

04/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: GREGSON, JOHN MICHAEL MGR
Address: 2462 SE MARIUS STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

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: JOHN MICHAEL GREGSON

MGR

04/06/2010

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