

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019233

FILED  
Apr 23, 2007  
Secretary of State

Entity Name: "APPLETREE WELLNESS,LLC"

**Current Principal Place of Business:**

1180 PONCE DE LEON BLVD., SUITE 401  
CLEARWATER, FL 33756

**New Principal Place of Business:**

**Current Mailing Address:**

1180 PONCE DE LEON BLVD., SUITE 401  
CLEARWATER, FL 33756

**New Mailing Address:**

FEI Number: 20-4717170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AEBEL, ERIN SMITH ESQ.  
SHUMAKER, LOOP & KENDRICK, LLP  
101 EAST KENNEDY BLVD., STE. 2800  
TAMPA, FL 33602 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:

**ADDITIONS/CHANGES:**

Title: MGMR ( ) Change (X) Addition  
Name: LARAMEE, CHRISTINE  
Address: 1180 PONCE DE LEON BOULEVARD, SUITE 401  
City-St-Zip: CLEARWATER, FL 33756

I hereby certify that the information supplied with this filing does not qualify 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: CHRISTINE LARAMEE

MGRM

04/23/2007

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