

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101447

FILED
Feb 28, 2010
Secretary of State

Entity Name: HALCYON WELLNESS CENTRE LLC

Current Principal Place of Business:

3767 LAKE WORTH ROAD-SUITE 110
LAKE WORTH, FL 33461

New Principal Place of Business:

Current Mailing Address:

9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33472

New Mailing Address:

FEI Number: 03-0609025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MALEK, NADIA R DR.
9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33472 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: MGR
Name: MALEK, NADIA R DR.
Address: 9165 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

Title: MGR
Name: SANTONI, PATRICIA A
Address: 9165 COVE POINT CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33472

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: DR. NADIA MALEK

MGR

02/28/2010

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