

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000101447

**FILED**  
**Jan 24, 2011**  
**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:**

3900 WOODLAKE BLVD.  
SUITE 205  
LAKE WORTH, FL 33463

**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: PATRICIA SANTONI

MGR

01/24/2011

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