2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L06000101447

Entity Name: HALCYON WELLNESS CENTRE LLC

Current Principal Place of Business:

3900 WOODLAKE BLVD.
SUITE 205
LAKE WORTH, FL 33463

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 Statues.

SIGNATURE: PATRICIA A. SANTONI MGR 01/04/2012

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