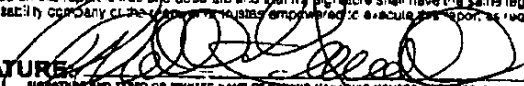


FILED
Aug 13, 2007 8:00 am
Secretary of State

05-16-2007 90174 040 ****50.00

**2007 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

DOCUMENT # L06000105824			
1. Entity Name TREASURE COAST FAMILY WELLNESS, LLC			
Principal Place of Business 9929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455		Mailing Address 8929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455	
2. Principal Place of Business (for P.O. Box #)		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
C5012007		Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-5772361		Applied For No: Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 NORTHWEST 16TH STREET FORT LAUDERDALE, FL 33311		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE Signature, typed or printed name of the registered agent who files this statement. (The C-1000 must be signed by the registered agent.)			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
8. MANAGING MEMBERS/MANAGERS		9. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENWALD, BRETT 8929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIDGE ROAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 member or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE  MANAGING MEMBER, MANAGER, TRUSTEE OR AUTHORIZED REPRESENTATIVE		4/30/07 954-881498 C/E#1722	