

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105824

FILED
Apr 27, 2009
Secretary of State

Entity Name: TREASURE COAST FAMILY WELLNESS, LLC

Current Principal Place of Business:

8929 S.E. BRIDGE ROAD
HOPE SOUND, FL 33455

New Principal Place of Business:

2835 NW FEDERAL HIGHWAY
SUITE A
STUART, FL 34994

Current Mailing Address:

8929 S.E. BRIDGE ROAD
HOPE SOUND, FL 33455

New Mailing Address:

2835 NW FEDERAL HIGHWAY
SUITE A
STUART, FL 34994

FEI Number: 20-5772361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAKULA, JENEANE M MS.
8703 SE SANDCASTLE CIRCLE
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

JOCHUM, CRAIG DR.
2835 NW FEDERAL HIGHWAY
SUITE A
STUART, FL 33994 US

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: CRAIG JOCHUM

04/27/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GREENWALD, BRETT
Address: 8929 S.E. BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

Title: DR. (X) Delete
Name: JOCHUM, CRAIG
Address: 8929 SE BRIDGE ROAD
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOCHUM, CRAIG
Address: 1600 SE SHEFFIELD CIRCLE, APARTMENT 102
City-St-Zip: STUART, FL 34997

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG JOCHUM

MGR

04/27/2009

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