

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000105824

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** TREASURE COAST FAMILY WELLNESS, LLC

**Current Principal Place of Business:**

2835 NW FEDERAL HIGHWAY  
SUITE A  
STUART, FL 34994

**New Principal Place of Business:**

**Current Mailing Address:**

2835 NW FEDERAL HIGHWAY  
SUITE A  
STUART, FL 34994

**New Mailing Address:**

**FEI Number:** 20-5772361

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOCHUM, CRAIG DR.  
2835 NW FEDERAL HIGHWAY  
SUITE A  
STUART, FL 33994 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: JOCHUM, CRAIG  
Address: 1528 NW LAKE POINT  
City-St-Zip: STUART, FL 34994

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: CRAIG JOCHUM

DR

02/17/2010

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