

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038392

FILED  
Jan 06, 2011  
Secretary of State

**Entity Name:** TOTAL HEALTH CLINIC, LLC.

**Current Principal Place of Business:**

7860 GATE PARKWAY, 106  
JACKSONVILLE, FL 32256 US

**New Principal Place of Business:**

**Current Mailing Address:**

7860 GATE PARKWAY, 106  
JACKSONVILLE, FL 32256 US

**New Mailing Address:**

FEI Number: 20-8808622      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARLSON, JEREMIAH  
11120 TIVERTON CT.  
JACKSONVILLE, FL 32246 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: MGRM  
Name: CARLSON, JEREMIAH W DR.  
Address: 11120 TIVERTON CT.  
City-St-Zip: JACKSONVILLE, FL 32246 US

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: JEREMIAH WESLEY CARLSON      DR.      01/06/2011

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