

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000045687

**FILED**  
**Aug 01, 2011**  
**Secretary of State**

**Entity Name:** EAST WEST HOLISTIC MEDICINE CLINIC, LLC

**Current Principal Place of Business:**

1405 SE GOLDTREE DR.  
SUITE D  
PORT SAINT LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

1405 SE GOLDTREE DR.  
SUITE D  
PORT SAINT LUCIE, FL 34952 US

**New Mailing Address:**

FEI Number: 11-3810924      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KLYUCHKO, NATALYA  
2356 SE HARRINGTON AVE  
PORT SAINT LUCIE, FL 34952 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: KLYUCHKO, NATALYA  
Address: 2356 SE HARRINGTON AVE.  
City-St-Zip: PORT SAINT LUCIE, FL 34952

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: N.KLYUCHKO

MGR

08/01/2011

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