

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000045687

FILED
Apr 23, 2012
Secretary of State

Entity Name: EAST WEST HOLISTIC MEDICINE CLINIC, LLC

Current Principal Place of Business:

506 SW FEDERAL HWY., STE. 101
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

506 SW FEDERAL HWY., STE. 101
STUART, FL 34994 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

04/23/2012

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