

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000058153

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** RETURN TO WELLNESS, LLC.

**Current Principal Place of Business:**

2750 CORAL WAY  
SUITE 201  
MIAMI, FL 33145

**New Principal Place of Business:**

6075 SUNSET DRIVE  
4TH FLOOR  
SOUTH MIAMI, FL 33143

**Current Mailing Address:**

2750 CORAL WAY  
SUITE 201  
MIAMI, FL 33145

**New Mailing Address:**

6075 SUNSET DRIVE  
4TH FLOOR  
SOUTH MIAMI, FL 33143

**FEI Number:** 26-0274614

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENA, WILLIAM MGRM  
2750 CORAL WAY  
SUITE 201  
MIAMI, FL 33145 US

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

PENA, WILLIAM MGRM  
6075 SUNSET DRIVE  
4TH FLOOR  
SOUTH MIAMI, FL 33143 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: WILLIAM PENA

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PENA, WILLIAM DC  
Address: 6075 SUNSET DRIVE, 4TH FLOOR  
City-St-Zip: SOUTH MIAMI, FL 33143

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: WILLIAM PENA

MGRM

05/01/2012

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