

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089466

Entity Name: MEDICAL HOLISTIC CENTER, LLC

FILED
Mar 23, 2009
Secretary of State

Current Principal Place of Business:

512 CANAL ST.
NEW SMYRNA BEACH, FL 32168

New Principal Place of Business:

Current Mailing Address:

512 CANAL ST.
NEW SMYRNA BEACH, FL 32168

New Mailing Address:

FEI Number: 42-1740209

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WATRY, STEVEN C
512 CANAL STREET
NEW SMYRNA BEACH, FL 32168 US

Name and Address of New Registered Agent:

STEVENSON, KATIE A
512 CANAL STREET
NEW SMYRNA BEACH, FL 32168 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: KATIE A. STEVENSON

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WATRY, STEVEN C
Address: 512 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGR () Delete
Name: STEVENSON, KATIE A
Address: 512 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: STEVENSON, KATIE A
Address: 512 CANAL STREET
City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: KATIE A. STEVENSON

MGR

03/23/2009

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