

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089466

**Entity Name:** MEDICAL HOLISTIC CENTER, LLC

**FILED**  
**Mar 31, 2010**  
**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 ( )**

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

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

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

WATRY, STEVEN C  
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: STEVEN C. WATRY

03/31/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: STEVEN C. WATRY

MGRM

03/31/2010

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