

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089466

**FILED**  
**Jul 27, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

512 CANAL ST.  
NEW SMYRNA BEACH, FL 32168

**New Principal Place of Business:**

512 CANAL ST.  
N/A  
NEW SMYRNA BEACH, FL 32168 UN

**Current Mailing Address:**

512 CANAL ST.  
NEW SMYRNA BEACH, FL 32168

**New Mailing Address:**

512 CANAL ST.  
N/A  
NEW SMYRNA BEACH, FL 32168 UN

**FEI Number:** 42-1740209

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

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

Title: MGR  
Name: WATRY, THERESA L  
Address: 512 CANAL ST  
City-St-Zip: NEW SMYRNA BEACH, FL 32168 UN

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

07/27/2011

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