

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000095593

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** INTERNATIONAL CENTER FOR HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

4535 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

6842 INTERNATIONAL CENTER BLVD.  
FORT MYERS, FL 33912

**Current Mailing Address:**

P O BOX 7146  
FT. MYERS, FL 33911

**New Mailing Address:**

6900 DANIELS PARKWAY  
SUITE 29-173  
FORT MYERS, FL 33912

**FEI Number:** 26-1123827

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GRUNING, ALAN W  
4535 TAMIAMI TRAIL  
PORT CHARLOTTE, FL 33980 US

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

GRUNING, ALAN W  
6900 DANIELS PARKWAY  
SUITE 29-173  
FORT MYERS, FL 33912 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: \_\_\_\_\_

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GRUNING, ALAN W  
Address: 6900 DANIELS PARKWAY, SUITE 29-173  
City-St-Zip: FORT MYERS, FL 33912

Title: MGRM  
Name: GRUNING, JANET G  
Address: 6900 DANIELS PARKWAY, SUITE 29-173  
City-St-Zip: FORT MYERS, FL 33912

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: JANET G GRUNING

V P

04/26/2012

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