

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000101489

**FILED**  
**Mar 16, 2011**  
**Secretary of State**

**Entity Name:** SAFETY HARBOR MEDICAL WELLNESS, LLC

**Current Principal Place of Business:**

105 NORTH BAYSHORE DRIVE  
SAFETY HARBOR, FL 34695

**New Principal Place of Business:**

16114 5TH STREET EAST  
REDINGTON BEACH, FL 33708

**Current Mailing Address:**

105 NORTH BAYSHORE DRIVE  
SAFETY HARBOR, FL 34695

**New Mailing Address:**

16114 5TH STREET EAST  
REDINGTON BEACH, FL 33708

**FEI Number:** 26-1192089

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRUNDAGE, TIMOTHY N MD  
105 NORTH BAYSHORE DRIVE  
SAFETY HARBOR, FL 34695 US

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

BRUNDAGE, TIMOTHY N MD  
16114 5TH STREET EAST  
REDINGTON BEACH, FL 33708 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: TIMOTHY N. BRUNDAGE, MD

03/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DR  
Name: BRUNDAGE, TIMOTHY N  
Address: 16114 5TH STREET EAST  
City-St-Zip: REDINGTON BEACH, FL 33708

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: TIMOTHY N. BRUNDAGE, MD

MD

03/16/2011

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