

2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000004783

FILED
May 04, 2010
Secretary of State

Entity Name: HOLISTIC MEDICAL CENTER OF FORT PIERCE LLC

Current Principal Place of Business:

1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 34947

New Principal Place of Business:

1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 US

Current Mailing Address:

PO BOX 881591
PORT SAINT LUCIE, FL 349881591 US

New Mailing Address:

1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 US

FEI Number: 26-1535079

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TYE, REBECCA
1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

TYE, REBECCA A MGRM
1905 S 25TH STREET
SUITE 100
FORT PIERCE, FL 349474739 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: REBECCA A TYE

05/04/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TYE, REBECCA A
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739 US

Title: D
Name: TYE, WILLIAM G III
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739 US

Title: D
Name: GOLGOTIU, ADRIAN D MD
Address: 1905 S 25TH STREET SUITE 100
City-St-Zip: FORT PIERCE, FL 349474739 US

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: REBECCA A TYE

MGRM

05/04/2010

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