

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004783

FILED
Apr 29, 2011
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 349474739 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 881591
PORT ST LUCIE, FL 349881591

New Mailing Address:

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

MM

04/29/2011

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