2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 10, 2010
Secretary of State

DOCUMENT# L08000009834

Entity Name: ST. JOHNS WELLNESS CENTER, LLC

Current Principal Place of Business:

305 KINGSLEY DRIVE
SUITE 702
ST AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

2459 CIMARRONE BLVD
SAINT JOHNS, FL 32259

New Mailing Address:

FEI Number: 38-3775862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TORROLL, DARLENE L
2459 COMARRONE BLVD
SAINT JOHNS, FL 32259 US

Name and Address of New Registered Agent:

TORROLL, DARLENE L
2459 CIMARRONE BLVD
SAINT JOHNS, FL 32259 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: _____ 01/10/2010

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TORROLL, DARLENE L
Address: 2459 CIMARRONE BLVD
City-St-Zip: SAINT JOHNS, FL 32259

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 Statues.

SIGNATURE: DARLENE L. TORROLL MGRM 01/10/2010

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