

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000067039

**FILED**  
**Jun 17, 2010**  
**Secretary of State**

**Entity Name:** THE INSTITUTE OF COLORECTAL HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

1255 37TH STREET, STE. B  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1255 37TH STREET, STE. B  
VERO BEACH, FL 32960

**New Mailing Address:**

**FEI Number:** 26-2959389

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COHEN, JEFFREY L  
54 NE FOURTH AVENUE  
DELRAY BEACH, FL 33483 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: MGR  
Name: GREENWALD, BRETT DR  
Address: 1255 37TH ST  
City-St-Zip: VERO BEACH, FL 32960

Title: MGR  
Name: DEMARTA, DEBBIE DR  
Address: 1255 37TH STREET  
City-St-Zip: VERO BEACH, FL 32960

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: DEBORAH DEMARTA

DR

06/17/2010

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