

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004612

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** MEDICAL WELLNESS CENTER AT GRASSLANDS II, LLC

**Current Principal Place of Business:**

1301 GRASSLANDS BOULEVARD  
LAKELAND, FL 33803 US

**New Principal Place of Business:**

250 EAST HIGHLAND DRIVE  
LAKELAND, FL 33813 US

**Current Mailing Address:**

P.O. BOX 1838  
LAKELAND, FL 33802 US

**New Mailing Address:**

250 EAST HIGHLAND DRIVE  
LAKELAND, FL 33813 US

**FEI Number:** 26-4082710

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAMPBELL, TIMOTHY F  
500 SOUTH FLORIDA AVENUE  
SUITE 800  
LAKELAND, FL 33801 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: HOUGH, JAMES N  
Address: 1301 GRASSLANDS BOULEVARD  
City-St-Zip: LAKELAND, FL 33803 US

Title: MGR  
Name: RODDA, JOHN A  
Address: 250 EAST HIGHLAND DRIVE  
City-St-Zip: LAKELAND, FL 33813 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: JOHN RODDA

MGR

04/22/2010

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