

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014570

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** DIABETES WELLNESS CLINICS OF TAMPA BAY P.L.

**Current Principal Place of Business:**

1054 HUNTERS PLACE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

5455 W. WATER AVE  
SUITE 213  
TAMPA, FL 33634 US

**Current Mailing Address:**

1054 HUNTERS PLACE  
OLDSMAR, FL 34677 US

**New Mailing Address:**

5455 W. WATER AVE  
SUITE 213  
TAMPA, FL 33634 US

**FEI Number:** 26-4261885

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARTIN, MAX  
110 KENDRA WAY  
SUITE 812  
PALM HARBOR, FL 34684 US

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

MARTIN, MAX  
109 8TH AVENUE  
ST. PETE BEACH, FL 33706 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:**

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MARTIN, MAX J MBA  
**Address:** 22 SPRUCE STREET  
**City-St-Zip:** JAMESTOWN, NY 14701 US

**Title:** MGR  
**Name:** GARLETTI, OTTAVIO  
**Address:** 5716 PINEY LANE DR.  
**City-St-Zip:** TAMPA, FL 33625

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:** MAX MARTIN

MGR

04/15/2010

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