

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000017768

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** TREASURE COAST MEDICAL AND HOLISTIC CARE, LLC

**Current Principal Place of Business:**

1255 S.W. CURRY STREET  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

**Current Mailing Address:**

1255 S.W. CURRY STREET  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

**FEI Number:** 90-0447109

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SCHELMETY-HENRIQUEZ, LUZ  
1255 S.W. CURRY STREET  
PORT ST. LUCIE, FL 34983 US

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

SCHELMETY-HENRIQUEZ, LUZ ARNP  
1255 S.W. CURRY STREET  
PORT ST. LUCIE, FL 34983 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: LUZ SCHELMETY-HENRIQUEZ

04/06/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHELMETY-HENRIQUEZ, LUZ ARNP  
Address: 1255 SW CURRY STREET  
City-St-Zip: PORT ST LUCIE, FL 34983 US

Title: MGRM  
Name: HENRIQUEZ, EDWIN CNA  
Address: 1255 S.W. CURRY STREET  
City-St-Zip: PORT ST. LUCIE, FL 34983

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: LUZ SCHELMETY-HENRIQUEZ

RA

04/06/2011

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