

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026364

FILED  
May 01, 2010  
Secretary of State

**Entity Name:** AMERICAN MEDICAL HYPNOSIS CENTER LLC

**Current Principal Place of Business:**

619 NEWPORT AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

**Current Mailing Address:**

619 NEWPORT AVENUE  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

**FEI Number:** 26-4485582      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 US

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

MILLER, APRILLE K MS  
619 NEWPORT AVE  
ALTAMONTE SPRINGS, FL 32701 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: APRILLE K MILLER

05/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MILLER, APRILLE  
Address: 619 NEWPORT AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: MGR  
Name: MILLER, CHRISTOPHER L  
Address: 619 NEWPORT AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: ST  
Name: MILLER, APRILLE  
Address: 619 NEWPORT AVENUE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: APRILLE K MILLER

MGR

05/01/2010

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