

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000042912

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** CHOISSER WELLNESS CENTER, LLC

**Current Principal Place of Business:**

1409 KINGSLEY AVENUE, SUITE 14 "A"  
ORANGE PARK, FL 32073

**New Principal Place of Business:**

2140 KINGSLEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073

**Current Mailing Address:**

1409 KINGSLEY AVENUE, SUITE 14 "A"  
ORANGE PARK, FL 32073

**New Mailing Address:**

2140 KINGSLEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073

**FEI Number:** 26-4771464

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHOISSER, WILLIAM V  
1409 KINGSLEY AVENUE, SUITE 14 "A"  
ORANGE PARK, FL 32073 US

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

CHOISSER, WILLIAM V  
2140 KINGSLEY AVENUE  
SUITE 9  
ORANGE PARK, FL 32073 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: \_\_\_\_\_

01/06/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CHOISSER, WILLIAM V  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

Title: MGRM  
Name: REID, THOMAS E  
Address: 2140 KINGSLEY AVENUE, SUITE 9  
City-St-Zip: ORANGE PARK, FL 32073

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: WILLIAM V. CHOISSER

MGRM

01/06/2010

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