

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050629

Entity Name: CNS WELLNESS FLORIDA LLC

FILED
Feb 20, 2011
Secretary of State

Current Principal Place of Business:

5201 W KENNEDY BLVD
615
TAMPA, FL 33609

New Principal Place of Business:

4890 W KENNEDY BLVD
295
TAMPA, FL 33609

Current Mailing Address:

5201 W KENNEDY BLVD
615
TAMPA, FL 33609

New Mailing Address:

4890 W KENNEDY BLVD
295
TAMPA, FL 33609

FEI Number: 27-0205126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBOS, WILLIAM A PH.D.
5201 W KENNEDY BLVD
615
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

LAMBOS, WILLIAM A PH.D.
4890 W KENNEDY BLVD
295
TAMPA, FL 33609 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: WILLIAM A. LAMBOS, PH.D.

02/20/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: HANNOUCHE, PETER A
Address: 4890 W KENNEDY BLVD, SUITE 295
City-St-Zip: TAMPA, FL 33609

Title: MGRM
Name: LAMBOS, WILLIAM A PH.D.
Address: 4890 W KENNEDY BLVD, SUITE 295
City-St-Zip: TAMPA, FL 33609

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 A. LAMBOS, PH.D.

MGRM

02/20/2011

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