

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050629

FILED
Apr 26, 2012
Secretary of State

Entity Name: CNS WELLNESS FLORIDA LLC

Current Principal Place of Business:

4890 W KENNEDY BLVD
295
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

4890 W KENNEDY BLVD
295
TAMPA, FL 33609

New Mailing Address:

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.
4890 W KENNEDY BLVD
295
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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:

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

04/26/2012

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