

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000062706

FILED
Feb 25, 2010
Secretary of State

Entity Name: BRAIN WELLNESS INNOVATORS, LLC

Current Principal Place of Business:

2800 BAHIA VISTA ROAD, SUITE 400
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

2800 BAHIA VISTA ROAD, SUITE 400
SARASOTA, FL 34239

New Mailing Address:

5214 WINCHESTER DRIVE
SARASOTA, FL 34234

FEI Number: 27-0515899

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTIDES, MICHELLE
5214 WINCHESTER DRIVE
SARASOTA, FL 34234 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: CHRISTIDES, MICHELLE
Address: 5214 WINCHESTER DRIVE
City-St-Zip: SARASOTA, FL 34234

Title: MGRM
Name: BUSH, WILLIAM MD
Address: 411 EAGLE NEST COURT
City-St-Zip: SALEM, SC 29676

Title: MGRM
Name: ROZELLE, GEORGE PHD
Address: 2800 BAHIA VISTA ROAD, SUITE 400
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: TOOMIM, RACHEL A.P.
Address: 2800 BAHIA VISTA ROAD, SUITE 400
City-St-Zip: SARASOTA, FL 34239

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: MICHELLE CHRISTIDES

PROF

02/25/2010

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