

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000077868

**Entity Name:** FULL CIRCLE HEALTH LLC

**FILED**  
**Jul 15, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

9004 SE CERES ST  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

4903 MIDTOWN LANE  
#3207  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

PO BOX 952  
HOBE SOUND, FL 33475

**New Mailing Address:**

**FEI Number:** 80-0459799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JANKOWSKI, KRISTINE M  
9004 SE CERES ST  
HOBE SOUND, FL 33455 US

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

JANKOWSKI, KRISTINE M  
4903 MIDTOWN LANE  
#3207  
PALM BEACH GARDENS, FL 33418 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: KRISTINE JANKOWSKI

07/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JANKOWSKI, KRISTINE M  
Address: 4903 MIDTOWN LANE #3207  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: KRISTINE JANKOWSKI

MGRM

07/15/2010

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