

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000094546

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** HEALTH 1 WELLNESS CENTER, LLC

**Current Principal Place of Business:**

700 IVES DAIRY ROAD  
NORTH MIAMI, FL 33179

**New Principal Place of Business:**

**Current Mailing Address:**

3822 BROADWAY AVENUE  
SUITE C  
FT MYERS, FL 33901

**New Mailing Address:**

**FEI Number:** 27-0848925

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

GOULET, MICHAEL J  
700 IVES DAIRY ROAD  
NORTH MIAMI, FL 33179 US

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

TOUHEY, KRISTEN J  
700 IVES DAIRY ROAD  
NORTH MIAMI, FL 33179 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: KRISTEN J TOUHEY

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GOULET, MICHAEL J  
Address: 700 IVES DAIRY ROAD  
City-St-Zip: NORTH MIAMI, FL 33179

Title: MGRM  
Name: TOUHEY, KRISTEN J  
Address: 3822 BROADWAY AVENUE, SUITE C  
City-St-Zip: FT MYERS, FL 33901

Title: MGRM  
Name: LINDGREN, TODD D  
Address: 3822 BROADWAY AVENUE, SUITE C  
City-St-Zip: FT MYERS, FL 33901

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: KRISTEN J. TOUHEY

MMBR

01/10/2012

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