2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L10000057539

Entity Name: HOLISTIC HEALING POINTE, LLC

Current Principal Place of Business:

701 POST LAKE PL., #207
APOPKA, FL 32703 US

New Principal Place of Business:

3800 SW 31 ST
W 217
GAINESVILLE, FL 32608 US

Current Mailing Address:

701 POST LAKE PL., #207
APOPKA, FL 32703 US

New Mailing Address:

3800 SW 31 ST
W 217
GAINESVILLE, FL 32608 US

FEI Number: 27-2712851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINTERS, SHARLETTE R
701 POST LAKE PL.
#207
APOPKA, FL 32703 US

Name and Address of New Registered Agent:

WINTERS, SHARLETTE R
3800 SW 31 ST
#W 217
GAINESVILLE, FL 32608 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: _____ 04/27/2012

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: WINTERS, SHARLETTE R
Address: 3800 SW 31 ST
City-St-Zip: GAINESVILLE, FL 32608 US

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 Statues.

SIGNATURE: SHARLETTE R WINTERS RA 04/27/2012

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