

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000085027

FILED
Mar 12, 2012
Secretary of State

Entity Name: HARMONY HEALTH CARE - ORIENTAL MEDICINE & ACUPUNCTURE CLINIC LLC

Current Principal Place of Business:

3442 SE LAKE WEIR AVE
OCALA, FL 34471

New Principal Place of Business:

4620 E SILVER SPRINGS BLVD
OCALA, FL 34470

Current Mailing Address:

3442 SE LAKE WEIR AVE
OCALA, FL 34491 US

New Mailing Address:

4620 E SILVER SPRINGS BLVD
OCALA, FL 34470

FEI Number: 27-3294263

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARMONY HEALTH CARE -
3442 SE LAKE WEIR AVE
OCALA, FL 34471 US

Name and Address of New Registered Agent:

HARMONY HEALTH CARE -
4620 E SILVER SPRINGS BLVD
OCALA, FL 34470 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: SHEILA MILLER

03/12/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: MILLER, SHEILA AP
Address: 4620 E SILVER SPRINGS BLVD
City-St-Zip: Ocala, FL 34470

Title: S
Name: MILLER, SHEILA AP
Address: 4620 E SILVER SPRINGS BLVD
City-St-Zip: Ocala, FL 34470

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: SHEILA MILLER

MRS.

03/12/2012

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