

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100228

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** ASCENSION WELLNESS ADVANCES LLC

**Current Principal Place of Business:**

5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 US

**New Principal Place of Business:**

**Current Mailing Address:**

5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 US

**New Mailing Address:**

FEI Number: 27-3533014

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SOUTH FLORIDA TAX, INC.  
5001 SOUTH UNIVERSITY DRIVE  
SUITE B  
DAVIE, FL 33328 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: BINGAMAN, HENRY  
Address: 5001 SOUTH UNIVERSITY DRIVE, STE B  
City-St-Zip: DAVIE, FL 33328 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 Statutes.

SIGNATURE: HENRY BINGAMAN

MR

04/30/2011

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