

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000100764

FILED
Apr 29, 2011
Secretary of State

Entity Name: MIND YOUR HEALTHCAST, LLC

Current Principal Place of Business:

689 DOUGLAS AVE.
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

689 DOUGLAS AVE.
SUITE 101
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAYFIELD, DONALD D
1084 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746 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: MAYFIELD, DONALD D
Address: 689 DOUGLAS AVE. SUITE 101
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 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: DONALD D. MAYFIELD MGRM 04/29/2011

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