2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: WELLNESS OUTCOMES LLC

Current Principal Place of Business:

4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146

New Mailing Address:

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

Name and Address of Current Registered Agent:

TREESE, THEODORE R M.D.
4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146 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: TREESE, THEODORE R M.D.
Address: 4950 SOUTH LE JEUNE ROAD, SUITE E
City-St-Zip: CORAL GABLES, FL 33146

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: THEODORE R. TREESE MGRM 04/09/2011

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