

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000113799

**FILED**  
**Aug 22, 2011**  
**Secretary of State**

**Entity Name:** A-PLUS WELLNESS CENTER LLC

**Current Principal Place of Business:**

8751 COMMODITY CIRCLE  
16  
ORLANDO, FL 32819

**New Principal Place of Business:**

8751 COMMODITY CIRCLE  
SUITE #16  
ORLANDO, FL 32819 US

**Current Mailing Address:**

4905 E. COLONIAL DR.  
ORLANDO, FL 32803

**New Mailing Address:**

8751 COMMODITY CIRCLE  
SUITE #16  
ORLANDO, FL 32819 US

**FEI Number:** 27-3833222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ALLEN, THOMAS R  
108 HILLCREST STREET  
ORLANDO, FL 32801 US

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

DAVIGLUS, MARY L  
8751 COMMODITY CIRCLE  
#16  
ORLANDO, FL 32819 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: MARY L. DAVIGLUS

08/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DAVIGLUS, MARY L  
Address: 8751 COMMODITY CIRCLE, #16  
City-St-Zip: ORLANDO, FL 32819

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: MARY L. DAVIGLUS

MGRM

08/22/2011

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