

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122251

FILED  
Feb 16, 2011  
Secretary of State

**Entity Name:** TOTAL WELLNESS OPTIONS AND QUALITY QUICK CARE, LLC

**Current Principal Place of Business:**

8015 TURKEY LAKE ROAD  
SUITE 300  
ORLANDO, FL 32819

**New Principal Place of Business:**

**Current Mailing Address:**

8815 CONROY-WINDERMERE ROAD  
STE 249  
ORLANDO, FL 32835

**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:**

PALACIOS, OSCAR  
8815 CONROY-WINDERMERE ROAD STE 249  
ORLANDO, FL 32835 US

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

PALACIOS, OSCAR  
8815 CONROY-WINDERMERE ROAD  
SUITE 249  
ORLANDO, FL 32835 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: OSCAR PALACIOS

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PALACIOS, OSCAR  
Address: 8815 CONROY-WINDERMERE ROAD STE 249  
City-St-Zip: ORLANDO, FL 32835

Title: MGRM  
Name: YOSHIDA, JENNY  
Address: 8815 CONROY-WINDERMERE ROAD STE 249  
City-St-Zip: ORLANDO, FL 32835

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: OSCAR PALACIOS

MGRM

02/16/2011

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