

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122256

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** THE INSTITUTE FOR WELLNESS AND HEALTH, LLC

**Current Principal Place of Business:**

537 DOUGLAS AVENUE  
SUITE 7B  
DUNEDIN, FL 34698

**New Principal Place of Business:**

**Current Mailing Address:**

537 DOUGLAS AVENUE  
SUITE 7B  
DUNEDIN, FL 34698

**New Mailing Address:**

**FEI Number:** 27-4080668

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID, FITZGERALD  
611 S. FORT HARRISON AVE. #231  
CLEARWATER, FL 33756 US

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

INCorp SERVICES, INC  
611 S. FORT HARRISON AVE. #231  
CLEARWATER, FL 33756 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: INCORP SERVICES, INC.

01/10/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EATON-CARDONE, MONICA  
Address: 611 S. FORT HARRISON AVENUE  
City-St-Zip: BELLEAIR, FL 33756 US

Title: MGR  
Name: THE INSTITUTE FOR HEALTH & WELLNESS LLC  
Address: 400 CLEVELAND STREET, STE. 800  
City-St-Zip: CLEARWATER, FL 33755

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: MONICA EATON-CARDONE

MGR

01/10/2012

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