

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125877

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

**Entity Name:** PRO HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

1015 GATEWAY BOULEVARD  
SUITE NO. 401  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1015 GATEWAY BOULEVARD  
SUITE NO. 401  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 27-4185519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHOCHET, RANDALL ESQ.  
4897 JOG ROAD  
GREENACRES, FL 33467 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: GEMPEL, MICHAEL W  
Address: 1212 SOUTHWEST CROST AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGRM  
Name: GEMPEL, LYNNE  
Address: 1212 SOUTHWEST CROST AVENUE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: MGRM  
Name: VAETH, KARL E  
Address: 6150 NEWPORT VILLAGE WAY  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: MGRM  
Name: VAETH, KURT  
Address: 6150 NEWPORT VILLAGE WAY  
City-St-Zip: LAKE WORTH, FL 33463 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: KARL VAETH

MGRM

03/22/2011

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