2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2012
Secretary of State

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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 Statues.

SIGNATURE: KARL VAETH MGRM 04/02/2012

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