2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2012
Secretary of State

DOCUMENT# L10000130342

Entity Name: WELLNESS AND REHAB SPECIALISTS LLC

Current Principal Place of Business:

2531 SW FONDURA ROAD
PORT ST. LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

2531 SW FONDURA ROAD
PORT ST. LUCIE, FL 34953

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOOD, KAHARI T
2531 SW FONDURA ROAD
PORT ST. LUCIE, FL 34953 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: WOOD, KAHARI T
Address: 2531 SW FONDURA ROAD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: D
Name: WOOD, MADETRIC N
Address: 2531 SW FONDURA ROAD
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: KAHARI T. WOOD MGRM 04/15/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date