

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000015188

FILED
Feb 20, 2012
Secretary of State

Entity Name: SOUTHEAST FLORIDA WELLNESS, LLC

Current Principal Place of Business:

500 N. HIATUS ROAD, SUITE 107
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

500 N. HIATUS ROAD, SUITE 107
PEMBROKE PINES, FL 33026

New Mailing Address:

FEI Number: 27-4692731

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SOUTHEAST FLORIDA UROLOGY
500 N. HIATUS ROAD, SUITE 107
PEMBROKE PINES, FL 33026 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: MGR
Name: SHERMAN, ROBERT H MD
Address: 160 DOCKSIDE CIRCLE
City-St-Zip: WESTON, FL 33327

Title: MGRM
Name: DRASSINOWER, SIGHI
Address: 1121 CRANDONBLVD., SUITE D604
City-St-Zip: KEY BISCAVNE, FL 33149

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: ROBERT H. SHERMAN, MD

OWNE

02/20/2012

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