

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000028689

**FILED
Jun 16, 2012
Secretary of State**

Entity Name: SOUTH FLORIDA WELLNESS & CLINICAL RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

2964. N STATE ROAD # 7
310
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2964. N STATE ROAD # 7
310
MARGATE, FL 33063

New Mailing Address:

FEI Number: 27-5416543 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REYNOLDS, LEROY
10923 NW 70TH CT
PARKLAND, FL 33076 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: BENT, HOWARD
Address: 7095 NW 62ND TERRACE
City-St-Zip: PARKLAND, FL 33067

Title: MGR
Name: REYNOLDS, LEROY
Address: 10923 NW 70TH CT
City-St-Zip: PARKLAND, FL 33076

Title: MGMR
Name: AGING WITH GRACE, LLC
Address: 2964. N STATE ROAD # 7
City-St-Zip: MARGATE, FL 33063

Title: MGMR
Name: FHCG ENTERPRISES, LLC
Address: 7095 NW 62ND TERR
City-St-Zip: PARKLAND, FL 33067

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: LEROY A. REYNOLDS

MGR

06/16/2012

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