

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000046756

**FILED**  
**Jan 21, 2012**  
**Secretary of State**

**Entity Name:** WHOLE HEALTH PSYCHOLOGICAL CENTER, LLC

**Current Principal Place of Business:**

255 EVERNIA STREET  
APT 712  
WEST PALM BEACH, FL 33401 US

**New Principal Place of Business:**

801 NORTHPOINT PARKWAY  
SUITE 20  
WEST PALM BEACH, FL 33407 US

**Current Mailing Address:**

255 EVERNIA STREET  
APT 712  
WEST PALM BEACH, FL 33401 US

**New Mailing Address:**

801 NORTHPOINT PARKWAY  
SUITE 20  
WEST PALM BEACH, FL 33407 US

**FEI Number:** 45-3583684

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NEEDLE, RACHEL B DR.  
255 EVERNIA STREET  
APT 712  
WEST PALM BEACH, FL 33401 US

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

NEEDLE, RACHEL B DR.  
801 NORTHPOINT PARKWAY  
SUITE 20  
WEST PALM BEACH, FL 33408 US

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:

01/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NEEDLE, RACHEL B DR.  
Address: 801 NORTHPOINT PARKWAY SUITE 20  
City-St-Zip: WEST PALM BEACH, FL 33407 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: RACHEL B NEEDLE

MGR

01/21/2012

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