2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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Entity Name: VITAE MEDICAL WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

3690 NE 195TH LANE
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

3690 NE 195TH LANE
AVENTURA, FL 33180 US

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:

KANTOR, CHARLES ESQ.
3690 NE 195TH LANE
AVENTURA, FL 33180 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: KANTOR, ILON B
Address: 3690 NE 195TH LANE
City-St-Zip: AVENTURA, FL 33180 US

Title: MGR
Name: KANTOR, CHARLES ESQ.
Address: 3690 NE 195TH LANE
City-St-Zip: AVENTURA, FL 33180 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: ILON B KANTOR MGRM 04/18/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date