

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000081894

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** FAITH WELLNESS CENTER, LLC

**Current Principal Place of Business:**

510 AIRPORT CENTER DRIVE  
SUITE 106  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

13836 GABRIEL CT  
JACKSONVILLE, FL 32224

**Current Mailing Address:**

510 AIRPORT CENTER DRIVE  
SUITE 106  
JACKSONVILLE, FL 32218

**New Mailing Address:**

13836 GABRIEL CT  
JACKSONVILLE, FL 32224

**FEI Number:** 11-0000713

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DAVIS, CHANTINA D  
13836 GABRIEL CT  
JACKSONVILLE, FL 32224 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:** DAVIS, CHANTINA D  
**Address:** 13836 GABRIEL CT  
**City-St-Zip:** JACKSONVILLE, FL 32224

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:** CHANTINA DAVIS

CEO

04/25/2012

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