# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 23, 2012**
**Secretary of State**

DOCUMENT# L11000084962

**Entity Name:** TRANSITIONS NATURAL HEALTH CENTER, LLC

**Current Principal Place of Business:**

10211 W. SAMPLE ROAD, SUITE 102
CORAL SPRINGS, FL 330653966

**New Principal Place of Business:**

**Current Mailing Address:**

10211 W. SAMPLE ROAD, SUITE 102
CORAL SPRINGS, FL 330653966

**New Mailing Address:**

**FEI Number: 90-0748211** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

SANTAMARIA, LILLIAN
1651 NW 93RD TERRACE
CORAL SPRINGS, FL 33071 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: SANTAMARIA, LILLIAN
Address: 10211 W. SAMPLE ROAD, SUITE 102
City-St-Zip: CORAL SPRINGS, FL 330653966

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: LILLIAN SANTAMARIA MGR 03/23/2012

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