2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 28, 2012
Secretary of State

DOCUMENT# L11000124367

Entity Name: 1ST CHOICE WELLNESS COORDINATORS, LLC

Current Principal Place of Business:

1198 NW SCENIC LAKE DRIVE
LAKE CITY, FL 32055 US

New Principal Place of Business:

Current Mailing Address:

1198 NW SCENIC LAKE DRIVE
LAKE CITY, FL 32055 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

FOREMAN, JOEL
207 S. MARION AVENUE
LAKE CITY, FL 32025 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: JOHNSON, KATHLEEN C
Address: 1198 SCENIC LAKE DRIVE
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGR
Name: JOHNSON, TYSON
Address: 4498 W. US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGR
Name: CALVITT, JULIE
Address: 4498 W. US HWY 90
City-St-Zip: LAKE CITY, FL 32055 US

Title: MGR
Name: LEROY, JOANIE
Address: 4498 W. US HWY 90
City-St-Zip: LAKE CITY, FL 32055 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: KATHLEEN C. JOHNSON MM 08/28/2012

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