

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005960

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** AMERICAN WELLNESS, L.L.C.

**Current Principal Place of Business:**

500 SOUTHGATE PLAZA  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTHGATE PLAZA  
SARASOTA, FL 34239

**New Mailing Address:**

4951 SADDLE OAK TRAIL  
SARASOTA, FL 34241

**FEI Number:** 65-0944913

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BORG, MARK  
500 SOUTHGATE PLAZA  
SARASOTA, FL 34239 US

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

BORG, MARK  
4951 SADDLE OAK TRAIL  
SARASOTA, FL 34241 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:** MARK BORG

04/29/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** BORG, MARK  
**Address:** 4951 SADDLE OAK TRAIL  
**City-St-Zip:** SARASOTA, FL 34241

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:** MARK BORG

MGR

04/29/2011

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