

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005097

**FILED**  
**Apr 25, 2011**  
**Secretary of State**

**Entity Name:** WHOLE HEALTH MANAGEMENT, LLC

**Current Principal Place of Business:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064

**New Principal Place of Business:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064 US

**Current Mailing Address:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064

**New Mailing Address:**

205 MILLER SPRINGS COURT  
FRANKLIN, TN 37064 US

**FEI Number:** 34-1604800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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:

04/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TAKE CARE HEALTH SYSTEMS, INC.  
Address: 205 MILLER SPRINGS COURT  
City-St-Zip: FRANKLIN, TN 37064

Title: VP  
Name: PHIPPS, JENNIFER L  
Address: 205 MILLER SPRINGS COURT  
City-St-Zip: FRANKLIN, TN 37064 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 Statutes.

SIGNATURE: JENNIFER L. PHIPPS

VP

04/25/2011

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