

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004513

Entity Name: MAX-WELLNESS, LLC

FILED
Apr 13, 2011
Secretary of State

Current Principal Place of Business:

4400 RENAISSANCE PARKWAY SUITE 4
CLEVELAND, OH 441285794

New Principal Place of Business:

Current Mailing Address:

4400 RENAISSANCE PARKWAY SUITE 4
CLEVELAND, OH 441285794

New Mailing Address:

FEI Number: 26-2788951

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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: FEUER, MICHAEL
Address: 4400 RENAISSANCE PARKWAY SUITE 4
City-St-Zip: CLEVELAND, OH 441285794

Title: SVP
Name: JOHNSON, PATRICK
Address: 4400 RENAISSANCE PARKWAY SUITE 4
City-St-Zip: CLEVELAND, OH 441285794

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: PATRICK JOHNSON

SVP

04/13/2011

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