

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001645

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** FOUR WINDS HEALTH LLC

**Current Principal Place of Business:**

85 NORTH WATCH TOWER LANE  
PANAMA CITY BEACH, FL 32413

**New Principal Place of Business:**

392 SW HIGHWAY 3A  
SUITE A  
SANTA ROSA BEACH, FL 32459

**Current Mailing Address:**

85 NORTH WATCH TOWER LANE  
PANAMA CITY BEACH, FL 32413

**New Mailing Address:**

P.O. BOX 1226  
SANTA ROSA BEACH, FL 32459

FEI Number: 45-1273930

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BROWN, DOUG  
85 NORTH WATCH TOWER LANE  
PANAMA CITY BEACH, FL 32413 US

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

BROWN, DOUG  
392 SW HIGHWAY 3A  
SUITE A  
SANTA ROSA BEACH, FL 32459 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/09/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BROWN, DOUG  
Address: 392 SW HIGHWAY 3A, SUITE A  
City-St-Zip: SANTA ROSA BEACH, FL 32459

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: DOUG BROWN

MGR

01/09/2012

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