

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

**FILED
Jan 11, 2012
Secretary of State**

DOCUMENT# M11000001645

Entity Name: FOUR WINDS HEALTH LLC

Current Principal Place of Business:

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

New Principal Place of Business:

3925 W. COUNTY HIGHWAY 30A
SUITE A-C
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

BROWN, DOUG
3925 W. COUNTY HIGHWAY 30A
SUITE A-C
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: _____ 01/11/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BROWN, DOUG
Address: 3925 W. COUNTY HIGHWAY 30A, SUITE A-C
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 01/11/2012

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