2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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Secretary of State
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Entity Name: HIGHLANDS HEALTH AND WELLNESS CENTER, L.L.C.

Current Principal Place of Business:

3300 US 27 SOUTH
AVON PARK, FL 33825

Current Mailing Address:

3300 US HWY 27 S
AVON PARK, FL 33825

FEI Number: 20-5083715

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOUSSAINT, MARIE ROSY MD
3300 US HWY 27 S
AVON PARK, FL 33825 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 — Date

Authorized Person(s) Detail :

Title	MGRM
Name	TOUSSAINT, MARIE ROSY M.D.
Address	3887 RODEO DRIVE
City-State-Zip:	SEBRING FL 33875

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARIE ROSY TOUSSAINT MANAGER 04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date