

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000103572

Entity Name: WELLNESS OUTCOMES LLC

Current Principal Place of Business:

4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146

Current Mailing Address:

4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146

FEI Number: 27-3605932

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREESE, THEODORE RM.D.
4950 SOUTH LE JEUNE ROAD, SUITE E
CORAL GABLES, FL 33146 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 TREESE, THEODORE RM.D.
Address 4950 SOUTH LE JEUNE ROAD, SUITE
E
City-State-Zip: CORAL GABLES FL 33146

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THEODORE R. TREESE

MGRM

05/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date