

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000143485

Entity Name: ARTESIAN WELLNESS & RECOVERY CENTERS, LLC

Current Principal Place of Business:

2500 S KANNER HWY
STE 1
STUART, FL 34994

Current Mailing Address:

2500 S KANNER HWY
STE 1
STUART, FL 34994 US

FEI Number: 45-4115313

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRECHBILL, MARK CPA
215 SW FEDERAL HWY
STE 100
STUART, FL 34994 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 MGR
Name COLLINS, JOAN
Address 2500 S KANNER HWY - STE 1
City-State-Zip: STUART FL 34994

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: JOAN COLLINS

MANAGER

04/03/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date