

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000096993

Entity Name: HEALTHWISE EXERCISE LLC

Current Principal Place of Business:

12 GREENVALE DRIVE
ORMOND BEACH, FL 32174

Current Mailing Address:

12 GREENVALE DRIVE
ORMOND BEACH, FL 32174 US

FEI Number: 37-1699284

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POYER, GLENN E
12 GREENVALE DRIVE
ORMOND BEACH, FL 32174 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 POYER, SUSANNA E
Address 12 GREENVALE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

Title MGRM
Name POYER, GLENN E
Address 12 GREENVALE DRIVE
City-State-Zip: ORMOND BEACH FL 32174

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: GLENN E. POYER

CEO

01/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date