

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001645

Entity Name: FOUR WINDS HEALTH LLC

Current Principal Place of Business:

169 CYPRESS BREEZE BLVD N
SANTA ROSA BEACH, FL 32459

Current Mailing Address:

P.O. BOX 724447
ATLANTA, GA 31139 US

FEI Number: 45-1273930

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BROWN, DOUG
169 CYPRESS BREEZE BLVD N
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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGR
Name BROWN, DOUG
Address 169 CYPRESS BREEZE BLVD N
City-State-Zip: SANTA ROSA BEACH FL 32459

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: DOUG BROWN

CEO

04/13/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date