

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000058824

**Entity Name:** PHYSICIANS WEALTH CARE LLC.

**Current Principal Place of Business:**

342 PIKE ROAD  
SUITE 22  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

10706 ST ANDREWS ROAD  
BOYNTON BEACH, FL 33436 US

**FEI Number:** 20-1472964

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAASS, EDWARD H  
10706 ST ANDREWS ROAD  
BOYNTON BEACH, FL 33436 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 MAASS, EDWARD H  
Address 10706 ST ANDREWS ROAD  
City-State-Zip: BOYNTON BEACH FL 33436

Title MGR  
Name MAASS, DEBORAH A  
Address 10706 ST ANDREWS ROAD  
City-State-Zip: BOYNTON BEACH FL 33436

*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:** EDWARD MAASS

**PRES**

**03/26/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date