

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028223

Entity Name: HEALTH & WELLNESS OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

3460 MARINER BLVD.
SPRING HILL, FL 34609

Current Mailing Address:

3460 MARINER BLVD.
SPRING HILL, FL 34609 US

FEI Number: 20-3430117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ, ROBERT J
3460 MARINER BLVD.
SPRING HILL, FL 34609 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	Title	MGRM
Name	MARTINEZ, ROBERT J	Name	MARTINEZ, STEPHANIE
Address	3460 MARINER BLVD.	Address	3460 MARINER BLVD.
City-State-Zip:	SPRING HILL FL 34609	City-State-Zip:	SPRING HILL FL 34609

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: ROBERT J. MARTINEZ

MANAGING MEMBER

01/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date