

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000107896

**Entity Name:** DOCTORS WELLNESS BALANCE, L.L.C.

**Current Principal Place of Business:**

1667 N. CLYDE MORRIS BLVD. STE 2  
DAYTONA BEACH, FL 32117

**Current Mailing Address:**

1667 N. CLYDE MORRIS BLVD. STE 2  
DAYTONA BEACH, FL 32117

**FEI Number: 74-3236882**

**Certificate of Status Desired: No**

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

EPITROPOULOS, MICHAEL  
2711 N HALIFAX DRIVE  
DAYTONA BEACH, FL 32118 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 EPITROPOULOS, MICHAEL  
Address 1663 N. CLYDE MORRIS BLVD. STE 2  
City-State-Zip: DAYTONA BEACH FL 32117

Title MGRM  
Name VERA, ARNOLD  
Address 1667 N CLYDE MORRIS BLVD.  
City-State-Zip: DAYTONA BEACH FL 32117

*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: ARNOLD VERA, M.D., M.SC., C.D.E., F.A.C.E.**

**MANAGER**

**02/24/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date