

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010315

Entity Name: DIVERSIFIED HEALTH AND WELLNESS SOLUTIONS, LLC

Current Principal Place of Business:

12007 WEST POND WAY
TAMPA, FL 33635

Current Mailing Address:

303 MAIN ST
#771
SAFETY HARBOR, FL 34695

FEI Number: 27-1723713

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOWARD, CYNTHIA
12007 WEST POND WAY
TAMPA, FL 33635 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 HOWARD, CYNTHIA M
Address 12007 WEST POND WAY
City-State-Zip: TAMPA FL 33635

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: CYNTHIA HOWARD

MANAGER

01/23/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date