

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000119562

Entity Name: PROCARE WELLNESS, LLC

Current Principal Place of Business:

1948 E SUNRISE BOULEVARD
SUITE 8
FORT LAUDERDALE, FL 33304

Current Mailing Address:

2930 NE 41ST STREET
FORT LAUDERDALE, FL 33308 US

FEI Number: 27-3987781

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRZYKWA, MARK CESQ.
110 SOUTHEAST 6 STREET
FORT LAUDERDALE, FL 33301 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 PROCACCI, ERIN NPH.D.
Address 2930 NE 41ST STREET
City-State-Zip: FORT LAUDERDALE FL 33308

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: ERIN N. PROCACCI, PH.D.

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date