

**2013 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:**

1948 E SUNRISE BOULEVARD  
SUITE 8  
FORT LAUDERDALE, FL 33304 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 1948 E SUNRISE BOULEVARD  
City-State-Zip: FORT LAUDERDALE FL 33304

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DR. ERIN NICOLE PROCACCI**

**MANAGING MEMBER**

**04/23/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date