

**2017 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.  
247 SW 8TH STREET  
#107  
MIAMI, FL 33130 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, PHD

MGRM

04/12/2017

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

\_\_\_\_\_  
Date