

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010635

Entity Name: FREEDOM HEALTH AND WELLNESS LLC

Current Principal Place of Business:

PROMISE HOSPITAL
5050 COUNTY RD. 472
OXFORD, FL 34484

Current Mailing Address:

P.O. BOX 2013
LADY LAKE, FL 32158 US

FEI Number: 27-4695274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNELL, MARTIN NJR.
4035 BEACON RIDGE WAY
CLERMONT, FL 34711 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 MGR
Name SCHNELL, MARTIN N.
Address P.O. BOX 2013
City-State-Zip: LADY LAKE FL 32158

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: MARTIN N. SCHNELL, MD

PRESIDENT

03/25/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date