

**2020 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.  
9400 SAN JOSE BLVD.  
HOWIE IN THE HILLS, FL 34737 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 SCHNELL, MD

**PRESIDENT**

**03/27/2020**

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

\_\_\_\_\_  
Date