

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000032661

**Entity Name:** PHOTONIC HEALTH LLC

**Current Principal Place of Business:**

2471 NW 44TH AVE  
OCALA, FL 34482

**Current Mailing Address:**

2471 NW 44TH AVE  
OCALA, FL 34482 US

**FEI Number:** 26-3329644

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

OWEN, BRYAN W  
2471 NW 44TH AVE  
OCALA, FL 34482 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	Title	MGR
Name	OWEN, BRYAN W	Name	WOODS, DONNA E
Address	2471 NW 44TH AVE	Address	2471 NW 44TH AVE
City-State-Zip:	OCALA FL 34482	City-State-Zip:	OCALA FL 34482

*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:** BRYAN OWEN

**OWNER**

**01/11/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date