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: ANTONIO DONADI

Electronic Signature of Signing Authorized Person(s) Detail

CFO

Date

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000096004

Entity Name: WELLNESS RX AT PENALVER, LLC

Current Principal Place of Business:

7640 NW 25 ST 105 MIAMI, FL 33122

Current Mailing Address:

7640 NW 25 ST 105 MIAMI, FL 33122 US

FEI Number: 45-3345726

Name and Address of Current Registered Agent:

DONADI, ANTONIO 7640 NW 25 ST 105 MIAMI, FL 33122 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	E ANTONIO DONADI			04/15/2014
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	P	Title	CFOD	
Name	DONADI, ANTONIO	Name	DONADI, ANTONIO	
Address	7640 NW 25 ST 105	Address	7640 NW 25 ST 105	
City-State-Zip:	MIAMI FL 33122	City-State-Zip:	MIAMI FL 33122	

Certificate of Status Desired: No

04/15/2014

FILED Apr 15, 2014 Secretary of State CC3297405258