

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000107199

**Entity Name:** SENIOR WELLNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

5401 N BAY RD  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

5401 N BAY RD  
MIAMI BEACH, FL 33140 US

**FEI Number:** 45-3367648

**Certificate of Status Desired:** No

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

ZUCKERMAN, STEVEN  
5401 N BAY RD  
MIAMI BEACH, FL 33140 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 ZUCKERMAN, STEVEN B  
Address 5401 N BAY RD  
City-State-Zip: MIAMI BEACH FL 33140

Title MGRM  
Name SNYDER, AVEREL B  
Address 5369 BROOKE FARM DRIVE  
City-State-Zip: ATLANTA GA 30338

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEVEN ZUCKERMAN

MGRM

01/31/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date