

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000069696

Entity Name: BCC WELLNESS OFFICE LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE, SUTIE 600
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE, SUTIE 600
MIAMI, FL 33131

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TOLAND, GREGG E
501 BRICKELL KEY DRIVE, SUTIE 600
MIAMI, FL 33131 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 CEO
Name CUBBON, MARTIN
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

Title PAS
Name OWENS, STEPHEN L
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

Title V
Name KELLY, J. MEGAN
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

Title V
Name TOLAND, GREGG E
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

Title V
Name GANDOLFO, CHRIS
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

Title AS
Name MCMAN, BEVERLEY
Address 501 BRICKELL KEY DRIVE, SUTIE 600
City-State-Zip: MIAMI FL 33131

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: STEPHEN L. OWENS

02/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date