

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000135493

**Entity Name:** WELLNESS CAPITAL GROUP, LLC

**Current Principal Place of Business:**

2270 INDIAN RIVER BLVD  
SUITE 501  
VERO BEACH, FL 32960

**Current Mailing Address:**

2270 INDIAN RIVER BLVD  
SUITE 501  
VERO BEACH, FL 32960 US

**FEI Number:** 46-1265231

**Certificate of Status Desired:** No

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

GRABINSKI, MATTHEW LESQ  
4001 TAMIAMI TRAIL N  
SUITE 300  
NAPLES, FL 34103 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 GARCIA, PHIL  
Address 2770 INDIAN RIVER BLVD  
SUITE 501  
City-State-Zip: VERO BEACH FL 32960

Title MGR  
Name O'BRIEN, JEFF  
Address 2270 INDIAN RIVER BLVD  
SUITE 501  
City-State-Zip: VERO BEACH FL 32960

*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:** JEFFREY J O'BRIEN

**MANAGER**

**01/09/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date