

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000142803

**Entity Name:** EMPOWER ME CLINICAL PRACTICE, LLC

**Current Principal Place of Business:**

3175 S CONGRESS AVE  
210  
PALM SPRINGS, FL 33461

**Current Mailing Address:**

3175 S CONGRESS AVE  
210  
PALM SPRINGS, FL 33461 US

**FEI Number:** 46-1380956

**Certificate of Status Desired:** Yes

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

LAMOTTE, DSW, SELENA DR.  
3175 S CONGRESS AVE  
210  
PALM SPRINGS, FL 33461 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:** DR SELENA LAMOTTE, DSW

04/01/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	LAMOTTE, DSW, SELENA DR.	Name	BAKER, PAUL
Address	3175 S CONGRESS AVE 210	Address	3175 S CONGRESS AVE 210
City-State-Zip:	PALM SPRINGS FL 33461	City-State-Zip:	PALM SPRINGS FL 33461

*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:** DR SELENA LAMOTTE, DSW

OWNER

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date