

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000142803

Entity Name: EMPOWER ME CLINICAL PRACTICE, LLC

Current Principal Place of Business:

11924 FOREST HILL BLVD
STE 10A-270
WELLINGTON, FL 33414

Current Mailing Address:

11924 FOREST HILL BLVD
STE 10A-270
WELLINGTON, FL 33414 US

FEI Number: 46-1380956

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LAMOTTE, SELENA A DR.
1348 STRATFORD STREET
WELLINGTON, FL 33414 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 A LAMOTTE

01/28/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	LAMOTTE, DSW, LCSW, SELENA A DR.	Name	MORRIS-BAKER, CHRISTOPHER A
Address	11924 FOREST HILL BLVD STE 10A-270	Address	11924 FOREST HILL BLVD STE 10A-270
City-State-Zip:	WELLINGTON FL 33414	City-State-Zip:	WELLINGTON FL 33414

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: LAMOTTE, DSW, LCSW , SELENA A , DR.

**OWNER/MANAGING
MEMBER**

01/28/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date