

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000002359

Entity Name: DR ALTER'S COMPLETE WELLNESS LLC

Current Principal Place of Business:

1301 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

Current Mailing Address:

1301 PONCE DE LEON BLVD
CORAL GABLES, FL 33134

FEI Number: 30-0761361

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRADY, ELISABETH
9595 N KENDALL DR
200
MIAMI, FL 33176 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 ALTER, LIZBETH
Address 1310 PONCE DE LEON BLVD
City-State-Zip: CORAL GABLES FL 33134

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: LIZBETH ALTER

MANAGER

04/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date