

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000035182

Entity Name: WELLNESS COUNSELING & RESIDENTIAL DETOXIFICATION SERVICES, LLC**Current Principal Place of Business:**3650-3670 NE INDIAN RIVER DRIVE
JENSEN BEACH, FL 34957**Current Mailing Address:**770 SE INDIAN STREET
STUART, FL 34997 US**FEI Number: 46-2231783****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PAYNE, JOSHUA A
740 SE INDIAN STREET
STUART, FL 34997 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	WELLNESS MANAGEMENT COMPANY, LLC
Address	770 SE INDIAN STREET
City-State-Zip:	STUART FL 34997

Title	CEO
Name	VELAZQUEZ, RAY
Address	770 SE INDIAN STREET
City-State-Zip:	STUART FL 34997

Title	CFO
Name	KAMPS, PAUL
Address	770 SE INDIAN STREET
City-State-Zip:	STUART FL 34997

Title	VP
Name	DEERING, BRYAN T JR.
Address	770 SE INDIAN STREET
City-State-Zip:	STUART FL 34997

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: JOSHUA A. PAYNE**CORPORATE COUNSEL****06/30/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date