

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000079621

**Entity Name:** PURE EXECUTIVE HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

11921 S DIXIE HWY  
STE 201  
MIAMI, FL 33156

**Current Mailing Address:**

11921 S DIXIE HWY  
STE 201  
MIAMI, FL 33156 US

**FEI Number:** 30-0785533

**Certificate of Status Desired:** Yes

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

JENNIFER MIRANDA MD, LLC  
11921 S DIXIE HWY  
STE 201  
MIAMI, FL 33156 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 JENNIFER MIRANDA MD, LLC  
Address 11921 S DIXIE HWY  
STE 201  
City-State-Zip: MIAMI FL 33156

*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:** JENNIFER MIRANDA MD

**MANAGER**

**03/17/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date