

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000105460

Entity Name: WELLINGTON WELLNESS & MEDICAL CENTER LLC

Current Principal Place of Business:

12794 WEST FOREST HILL BLVD
SUITE 18
WELLINGTON, FL 33414

Current Mailing Address:

12794 WEST FOREST HILL BLVD
SUITE 18
WELLINGTON, FL 33414

FEI Number: 90-1007910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SEAN C. SELK, P.A.
301 CLEMATIS STREET
SUITE 3000
WEST PALM BEACH, FL 33401 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 WELLINGTON COUNSELING AND ASSOCIATES, INC.
Address 12794 WEST FOREST HILL BLVD, STE 18
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: CASSANDRA SIERRA

OWNER

03/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date