

**2015 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

CEO

01/12/2015

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

\_\_\_\_\_  
Date