

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000120628

**Entity Name:** WELLNESS AND HORMONE CENTERS OF AMERICA, LLC

**Current Principal Place of Business:**

7751 BELFORT PARKWAY, SUITE 190  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7751 BELFORT PARKWAY, SUITE 190  
JACKSONVILLE, FL 32256 US

**FEI Number:** 46-3508191

**Certificate of Status Desired:** No

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

KURLAND, RANDY S  
7751 BELFORT PARKWAY  
SUITE 190  
JACKSONVILLE, FL 32256 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 & HORMONE CTRS OF AM  
ADVISEMENT GR  
Address 7751 BELFORT PARKWAY, SUITE 190  
City-State-Zip: JACKSONVILLE FL 32256

Title MEMBER  
Name KURLAND, RANDY S  
Address 1953 LYNDHURST DRIVE  
City-State-Zip: ST AUGUSTINE FL 32092

*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:** RANDY S KURLAND

MEMBER

04/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date