

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000154448

**Entity Name:** WELLNESS AND HEALTH ADMINISTRATORS LLC

**Current Principal Place of Business:**

13799 PARK BLV  
284  
SEMINOLE, FL 33776

**Current Mailing Address:**

13799 PARK BLV  
284  
SEMINOLE, FL 33776 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

HEATHERINGTON ARNOLD, ISABELLE  
13799 PARK BLV  
284  
SEMINOLE, FL 33776 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 HEATHERINGTON ARNOLD,  
ISABELLE  
Address 13799 PARK BLV STE 284  
City-State-Zip: SEMINOLE FL 33776

Title MGRM  
Name DUVAL, JEAN MARIE  
Address 13799 PARK BLV 284  
City-State-Zip: SEMINOLE FL 33776

*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:** ISABELLE HEATHERINGTON ARNOLD

**PRESIDENT**

**04/30/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date