

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000067893

Entity Name: CHRONIC CONDITIONS, LLC

Current Principal Place of Business:

1901 S JOHN YOUN PARKWAY
SUITE 101
KISSIMMEE, FL 34741

Current Mailing Address:

1901 S JOHN YOUN PARKWAY
SUITE 101
KISSIMMEE, FL 34741 US

FEI Number: 47-0966326

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MATHURA, DEVAN
1901 S JOHN YOUN PARKWAY
SUITE 101
KISSIMMEE, FL 34741 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 MATHURA, DEVAN
Address 1901 S JOHN YOUN PARKWAY, STE
101
City-State-Zip: KISSIMMEE FL 34741

Title MGRM
Name MATHURA, CHARLENE
Address 1901 S JOHN YOUN PARKWAY, STE
101
City-State-Zip: KISSIMMEE FL 34741

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: DEVAN MATHURA

PRESIDENT

02/05/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date