

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000094755

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

**FILED**  
**Mar 30, 2019**  
**Secretary of State**  
**4159222625CC**

**Current Principal Place of Business:**

1953 LYNDHURST DRIVE  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

1953 LYNDHURST DRIVE  
ST AUGUSTINE, FL 32092 US

**FEI Number: 47-1106711**

**Certificate of Status Desired: No**

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

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

Title            MEMBER  
Name            CARLTON, ANDREW  
Address        8833 PERIMETER PARK BLVD  
                  SUITE 402  
City-State-Zip: JACKSONVILLE FL 32216

*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**

**MGR**

**03/30/2019**

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

\_\_\_\_\_  
Date