

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000094755

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

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC1239248859**

**Current Principal Place of Business:**

7751 BELFORT PARKWAY, SUITE 190  
JACKSONVILLE, FL 32256

**Current Mailing Address:**

7751 BELFORT PARKWAY, SUITE 190  
JACKSONVILLE, FL 32256

**FEI Number: 47-1106711**

**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	Title	MEMBER
Name	KURLAND, RANDY S	Name	CARLTON, ANDREW
Address	7751 BELFORT PARKWAY, SUITE 190	Address	7751 BELFORT PARKWAY, SUITE 190
City-State-Zip:	JACKSONVILLE FL 32256	City-State-Zip:	JACKSONVILLE FL 32256

*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

04/30/2018

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

\_\_\_\_\_  
Date