

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000013182

**Entity Name:** DOCTORS WELLNESS FACTORS LLC

**Current Principal Place of Business:**

6730 SW 159 PLACE  
MIAMI, FL 33193

**Current Mailing Address:**

6730 SW 159 PLACE  
MIAMI, FL 33193 US

**FEI Number: 81-1220563**

**Certificate of Status Desired: No**

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

CINTIA CALEVOSO, P.A.  
1101 BRICKELL AVENUE  
SUITE 800S  
MIAMI, FL 33131 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:** CINTIA CALEVOSO

04/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR/AMBR  
Name GONZALEZ, NELSON  
Address 6730 SW 159 PLACE  
City-State-Zip: MIAMI FL 33193

*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:** NELSON GONZALEZ

MGR/AMBR

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date