

2017 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:

600 NORTHERN WAY # 1803
WINTER SPRINGS, FL 32708 US

FEI Number: 81-1220563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AGOSTINI-CHAPEL, AUGUSTO
600 NORTHERN WAY # 1803
WINTER SPRINGS, FL 32708 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	MGR/AMBR
Name	AGOSTINI-CHAPEL, AUGUSTO	Name	GONZALEZ, NELSON
Address	600 NORTHERN WAY # 1803	Address	6730 SW 159 PLACE
City-State-Zip:	WINTER SPRINGS FL 32708	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: AUGUSTO AGOSTINI-CHAPEL

MGR

04/22/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date