

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000129968

Entity Name: BELLA VIDA FAMILY PRACTICE, LLC

Current Principal Place of Business:

11327 OKEECHOBEE BLVD
SUITE 2 & 3
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

12008 SOUTH SHORE BLVD
STE 108
WELLINGTON, FL 33414 US

FEI Number: 47-2865314

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, NANCY
12008 SOUTH SHORE BLVD
STE 108
WELLINGTON, FL 33414 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 AMBR
Name PROVIDERS HEALTH ALLIANCE, LLC
Address 12008 SOUTH SHORE BLVD STE 108
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name BROWN, NANCY
Address 12008 SOUTH SHORE BLVD STE 108
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name FREDRICKSON, ELAINE
Address 17645 77TH LANE N
City-State-Zip: LOXAHATCHEE FL 33470

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: NANCY BROWN

MGR

04/05/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date