

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000162060

Entity Name: BAYMEADOWS INJURY & WELLNESS, LLC**Current Principal Place of Business:**10915 BAYMEADOWS ROAD, SUITE #104
JACKSONVILLE, FL 32256**Current Mailing Address:**10915 BAYMEADOWS ROAD, SUITE #104
JACKSONVILLE, FL 32256 US**FEI Number:** 81-3671518**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EMERY, ANN-MARGARET
3 WATERCLIFF LANE
ORMOND BEACH, FL 32174 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 FRALEY, JOSEPH
Address 10915 BAYMEADOWS ROAD, SUITE #104
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name FRALEY, JOSEPH
Address 10915 BAYMEADOWS ROAD, SUITE #104
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name ARNDT, BRYCE
Address 10915 BAYMEADOWS ROAD, SUITE #104
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name WINISTAFFER, GREGG
Address 10915 BAYMEADOWS ROAD, SUITE #104
City-State-Zip: JACKSONVILLE FL 32256

Title AMBR
Name WOOD, BRANDON
Address 10915 BAYMEADOWS ROAD, SUITE #104
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: JOSEPH FRALEY**MANAGER****04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date