

**2020 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

*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****01/17/2020**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date