

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000222060

**Entity Name:** BAILEY SPINE & WELLNESS, LLC

**Current Principal Place of Business:**

224 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086

**Current Mailing Address:**

224 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086 US

**FEI Number:** 81-4720314

**Certificate of Status Desired:** No

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

BAILEY, JASON  
224 SOUTHPARK CIRCLE EAST  
ST. AUGUSTINE, FL 32086 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:** JASON BAILEY

01/10/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name BAILEY, JASON D.C.  
Address 224 SOUTHPARK CIRCLE EAST  
City-State-Zip: ST. AUGUSTINE FL 32086

*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:** JASON BAILEY

MANAGER

01/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date