

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000106449

**Entity Name:** MW WELLNESS IX, LLC

**Current Principal Place of Business:**

509 S HYDE PARK AVE  
TAMPA, FL 33606

**Current Mailing Address:**

509 S HYDE PARK AVE  
TAMPA, FL 33606 US

**FEI Number:** 32-0539768

**Certificate of Status Desired:** No

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

KALOUST, DEREK JD,LL.M  
509 S HYDE PARK AVE  
TAMPA, FL 33606 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           MANAGING MEMBER  
Name           PHYSICIAN'S HEALTH MANAGEMENT,  
                  LLC  
Address        509 S HYDE PARK AVE  
City-State-Zip: TAMPA FL 33606

*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:** DEREK KALOUST, J.D., LL.M.

**CHIEF LEGAL OFFICER**

**04/24/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date