**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jun 07, 2020**
**Secretary of State**
**0253523747CC**

DOCUMENT# L18000123572

**Entity Name:** ACCELERATE HEALTH CENTER LLC

**Current Principal Place of Business:**

108 SANTIAGO STREET
ROYAL PALM BEACH, FL 33411

**Current Mailing Address:**

108 SANTIAGO STREET
ROYAL PALM BEACH, FL 33411

**FEI Number: 83-1071515**

**Certificate of Status Desired:** No

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

MOORE, DEREK J
108 SANTIAGO STREET
ROYAL PALM BEACH, FL 33411 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 | AR | Title | AR |
| Name | DEREK, MOORE J | Name | ALI, CHANTAL A |
| Address | 108 SANTIAGO STREET | Address | 108 SANTIAGO STREET |
| City-State-Zip: | ROYAL PALM BEACH FL 33411 | City-State-Zip: | ROYAL PALM BEACH FL 33411 |

*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 MOORE AR 06/07/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date