

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000156011

Entity Name: AN OZ. OF WELLNESS HEALTHCARE, LLC

Current Principal Place of Business:

9045 LA FONTANA BLVD.
SUITE 114
BOCA RATON, FL 33434

Current Mailing Address:

9045 LA FONTANA BLVD.
SUITE 114
BOCA RATON, FL 33434 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FARBER, ANDREW
20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498 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 PATEL, BHAVIN MD
Address 14807 E. COLONIAL DR., SUITE 112
City-State-Zip: ORLANDO FL 32826

Title MGR
Name FARBER, ANDREW
Address 20283 STATE ROAD 7, SUITE 300
City-State-Zip: BOCA RATON FL 33498

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: ANDREW FARBER

MGR

06/12/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date