

2019 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000256177

Entity Name: ALPHA WAVE HEALTH CENTERS LLC

Current Principal Place of Business:

101 E. TOWN PLACE
STE 100
ST. AUGUSTINE, FL 32092

Current Mailing Address:

101 E. TOWN PLACE
STE 100
ST. AUGUSTINE, FL 32092 US

FEI Number: 83-2634474

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MLADEN, GORAN
101 E. TOWN PLACE
STE 100
ST. AUGUSTINE, FL 32092 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: GORAN MLADEN

10/11/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MLADEN, GORAN
Address 101 E. TOWN PLACE
STE 100
City-State-Zip: ST. AUGUSTINE FL 32092

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: GORAN MLADEN

MANAGER/MEMBER

10/11/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date