

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000001245

**Entity Name:** KIM A. REDDICK, D.C., LLC

**Current Principal Place of Business:**

2415 S VOLUSIA AVE  
SUITE A-2  
ORANGE CITY, FL 32763-7623

**Current Mailing Address:**

2415 S VOLUSIA AVE  
SUITE A-2  
ORANGE CITY, FL 32763-7623 US

**FEI Number:** 59-3419083

**Certificate of Status Desired:** No

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

THE HEALTH LAW FIRM, P.A.  
1101 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 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:** LANCE LEIDER

02/14/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WELLSPRING HEALTH ORLANDO,  
Address        2415 S VOLUSIA AVE  
                  SUITE A-2  
City-State-Zip: ORANGE CITY FL 32763-7623

*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:** LEONARD A ROLLMAN

MANAGER

02/14/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date