

**2019 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 A #2  
ORANGE CITY, FL 32763-7623

**Current Mailing Address:**

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

**FEI Number:** 59-3419083

**Certificate of Status Desired:** No

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

GREEN SOLUTIONS ACCOUNTING FIRM INC  
1404 N RONALD REAGAN BLVD  
LONGWOOLD, FL 32750 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           MANAGER  
Name           WELLSPRING HEALTH ORLANDO,  
                  LLC  
Address        2415 S VOLUSIA AVE 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, DC

MMBR

01/07/2019

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date