

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000196438

Entity Name: AN OZ. OF WELLNESS HEALTHCARE OF ALTAMONTE SPRINGS, LLC

Current Principal Place of Business:

851 S. STATE ROAD 434
SUITE 1200
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

20283 STATE ROAD 7
SUITE 300
BOCA RATON, FL 33498 US

FEI Number: 84-2651211

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 AP
Name WOOD, KRISTY
Address 851 S. STATE ROAD 434 #1200
City-State-Zip: ALTAMONTE SPRINGS FL 32714

Title AP
Name PATEL, BHAVIN
Address 20283 STATE ROAD 7, SUITE 300
City-State-Zip: BOCA RATON FL 33498

Title AP
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

MANAGER

01/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date