

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000198829

Entity Name: HEALTHCARE AND WELLNESS OF FLORIDA, LLC

Current Principal Place of Business:

23100 SW 192 AVE
SUITE 100 UNIT B
CUTLER BAY, FL 33170

Current Mailing Address:

23100 SW 192 AVE
SUITE 100 UNIT B
CUTLER BAY, FL 33170 US

FEI Number: 84-2876445

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ AND PARTNERS CPAS LLC
3211 PONCE DE LEON BLVD
STE 200
CORAL GABLES, FL 33134 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: ROBERTO GONZALEZ

09/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name HEALTHCARE & WELLNESS CLINICS
OF AMERICA
Address 23100 SW 192 AVE
SUITE 100 UNIT B
City-State-Zip: CUTLER BAY FL 33170

Title MGR
Name KHAN, SHAHEED
Address 812 S RIVERSIDE DR
City-State-Zip: POMPANO BEACH FL 33062

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: MICHAEL FELDENKRAIS

AMBR

09/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date