

**2021 FLORIDA LIMITED LIABILITY COMPANY 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:**

PARACORP INCORPORATED  
155 OFFICE PLAZA DRIVE  
1ST FLOOR  
TALLAHASSEE, FL 32301 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            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:** SHAHEED KHAN

**MGR**

**08/09/2021**

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

\_\_\_\_\_  
Date