

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000206750

Entity Name: THE CENTER FOR POSTPARTUM WELLNESS, PLLC

Current Principal Place of Business:

6024 KIPPS COLONY DR E
GULFPORT, FL 33707

Current Mailing Address:

6024 KIPPS COLONY DR E
GULFPORT, FL 33707

FEI Number: 84-2779516

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JONES, SHAUNA R
6024 KIPPS COLONY DR E
GULFPORT, FL 33707 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 MGR
Name JONES, SHAUNA R
Address 6024 KIPPS COLONY DR E
City-State-Zip: GULFPORT FL 33707

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: SHAUNA RAE JONES

MGR

01/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date