

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000090583

Entity Name: WELLIFE HEALTH CENTER WALK-IN CLINIC LLC

Current Principal Place of Business:

3031 W CYPRESS STREET
SUITE D
TAMPA, FL 33609

Current Mailing Address:

9371 BLIND PASS ROAD
ST PETE BEACH, FL 33706

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLIFE GLOBAL LLC
9371 BLIND PASS ROAD
ST PETE BEACH, FL 33706 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	Title	MGR
Name	GAUGH, YVETTE	Name	CRISP, ROBERT
Address	9371 BLIND PASS ROAD	Address	204 37TH AVE
City-State-Zip:	ST PETE BEACH FL 33706	City-State-Zip:	ST PETERSBURG FL 33704

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: ROBERT CRISP

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date