

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000465

**Entity Name:** WELLNESS LIFE SYSTEMS, LLC

**Current Principal Place of Business:**

1003 WALNUT  
SUITE 400  
KANSAS CITY, MO 61406

**Current Mailing Address:**

1003 WALNUT  
SUITE 400  
KANSAS CITY, MO 61406 US

**FEI Number:** 20-1132039

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NATIONAL CORPORATE RESEARCH, LTD., INC.  
155 OFFICE PLAZA DRIVE  
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 MEMBER  
Name JAD DIABETIC LLC  
Address 1001 WALNUT STREET  
City-State-Zip: KANSAS CITY MO 64106

Title MEMBER  
Name SL CAS LLC  
Address 104 ARMOUR ROAD  
City-State-Zip: NORTH KANSAS CITY MO 64116

Title MANAGER  
Name SNEED, CHAD  
Address 104 ARMOUR RD  
City-State-Zip: N KANSAS CITY MO 64116

Title MEMBER  
Name EVANS, JOSE  
Address 1003 WALNUT  
SUITE 400  
City-State-Zip: KANSAS CITY MO 61406

*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:** JOSE EVANS

MEMBER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date