

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000005427

**Entity Name:** BABCOCK RANCH WELLNESS CENTER OPERATIONS, LLC

**FILED**  
**Jan 29, 2019**  
**Secretary of State**  
**9564867648CC**

**Current Principal Place of Business:**

4500 PGA BLVD, STE. 400  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

4500 PGA BLVD, STE. 400  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 81-3414086**

**Certificate of Status Desired: No**

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

SPEER, GEORGE  
4500 PGA BLVD, STE. 400  
PALM BEACH GARDENS, FL 33418 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 AUTHORIZED MEMBER  
Name BABCOCK RANCH TOWN OPERATIONS, LLC  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title CEO  
Name KITSON, SYDNEY W  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title PRESIDENT  
Name SEVERANCE, RICHARD P  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name HOBAN, THOMAS M  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title VP  
Name VANDER MAY, WILLIAM  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title TREASURER  
Name SPEER, GEORGE G  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

Title SECRETARY  
Name WOODS, ERICA S  
Address 4500 PGA BLVD, STE. 400  
City-State-Zip: PALM BEACH GARDENS FL 33418

*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: GEORGE SPEER**

**REGISTERED AGENT**

**01/29/2019**

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

\_\_\_\_\_  
Date