

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M20000010375

Entity Name: KETAMINE WELLNESS CENTERS JACKSONVILLE, LLC**Current Principal Place of Business:**3753-2 CARDINAL POINT DR
JACKSONVILLE, FL 32257**Current Mailing Address:**3753-2 CARDINAL POINT DR
JACKSONVILLE, FL 32257 US**FEI Number:** 85-3704829**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BLACK, BARBARA
3753-2 CARDINAL POINT DR
JACKSONVILLE, FL 32257 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	NICHOLSON, JULIE
Address	491 N 159 PL
City-State-Zip:	GILBERT AZ 85234

Title	MBR
Name	KETAMINE WELLNESS CENTERS ARIZONA
Address	491 N 159 PL
City-State-Zip:	GILBERT AZ 85234

Title	MGR
Name	NICHOLAS, KEVIN
Address	491 N 159 PL
City-State-Zip:	GILBERT AZ 85234

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: JULIE NICHOLSON

CSO

02/25/2021

Electronic Signature of Signing Authorized Person(s) Detail_____
Date