

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000049013

Entity Name: HOLISTIC FAMILY MEDICINE, L.L.C.

Current Principal Place of Business:

9325 GLADES ROAD
STE 104
BOCA RATON, FL 33434

Current Mailing Address:

9325 GLADES ROAD
STE 104
BOCA RATON, FL 33434 39

FEI Number: 01-0628626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLINER, KENNETH
9325 GLADES ROAD
104
BOCA RATON, FL 33434 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 PRES
Name WOLINER, KENNETH
Address 9325 GLADES ROAD
City-State-Zip: BOCA RATON FL 33434

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: KENNETH WOLINER

PRESIDENT

04/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date