

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000056227

**Entity Name:** WELLMAX HEALTH MEDICAL CENTERS, LLC

**Current Principal Place of Business:**

9250 W. FLAGLER STREET  
SUITE 600  
MIAMI, FL 33174

**Current Mailing Address:**

9250 W. FLAGLER STREET  
SUITE 600  
MIAMI, FL 33174 US

**FEI Number:** 20-0660563

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324 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:** ROBERT M KLINE

03/22/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name HIGHLAND ACQUISITION HOLDINGS, LLC  
Address 9250 W. FLAGLER STREET SUITE 600  
City-State-Zip: MIAMI FL 33174

Title SECRETARY  
Name KIEFER, KATHLEEN S.  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER  
Name SCHER, VINCENT E.  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASST. TREASURER  
Name NOBLE, ERIC K  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT SECRETARY  
Name PAPOULIS, STEPHANIE ROE  
Address 4200 W. CYPRESS STREET  
City-State-Zip: TAMPA FL 33607

*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:** KATHLEEN S. KIEFER

SECRETARY

03/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date