

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072140

Entity Name: INTERNAL MEDICINE & PEDIATRICS WELLNESS CENTER, P.L.

Current Principal Place of Business:

6038 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429

Current Mailing Address:

6038 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429

FEI Number: 20-3205463

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILSON, CHARLES R
6038 W. NORDLING LOOP
CRYSTAL RIVER, FL 34429 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 MRGM
Name WILSON, CARLENE A
Address 6038 W. NORDLING LOOP
City-State-Zip: CRYSTAL RIVER FL 34429

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: CARLENE WILSON

PRACTICE MANAGER

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date