

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000098798

Entity Name: MEDICAL WELLNESS SOLUTIONS, LLC

Current Principal Place of Business:

188 BEACH BIKE WAY
SEACREST BEACH, FL 32461

Current Mailing Address:

637 CANE CREEK LANE
SYLACAUGA, AL 35151 US

FEI Number: 26-1471332

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GORDON, GENE N
188 BEACH BIKE WAY
SEACREST BEACH, FL 32461 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: GENE N GORDON

04/07/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MGRM
Name	GORDON, GENE N	Name	GORDON, KADIE D
Address	188 BEACH BIKE WAY	Address	637 CANE CREEK LANE
City-State-Zip:	SEACREST FL 32413	City-State-Zip:	SYLACAUGA AL 35151

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: GENE N GORDON

MGR

04/07/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date