

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000050673

Entity Name: HOLISTIC PRIMARY CARE LLC

Current Principal Place of Business:

1330 WEST AVE., #C-402
MIAMI BEACH, FL 33139

Current Mailing Address:

1330 WEST AVE., #C-402
MIAMI BEACH, FL 33139

FEI Number: 27-0308332

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EISENMAN, DONALD M
35B VENETIAN WAY
APT 95
MIAMI BEACH, FL 33139 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 EISENMAN, DONALD M
Address 35B VENETIAN WAY APT 95
City-State-Zip: MIAMI BEACH FL 33139

Title MGR
Name WELLS, DOROTHY S
Address 31C VENETIAN WAY APT 46
City-State-Zip: MIAMI BEACH FL 33139

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: DOROTHY S. WELLS

MGR

01/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date